

ELIMINATING

RACIAL AND ETHNIC

DISPARITIES

IN HEALTH

REPORT TO CONGRESS
FY 1998/1999



U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MINORITY HEALTH

ELIMINATING RACIAL AND ETHNIC DISPARITIES IN HEALTH

Report to Congress

**Office of Minority Health
Department of Health and Human Services**

APRIL 1, 1999

THE HISTORY OF THE CITY OF BOSTON FROM 1630 TO 1880

BY
JOHN H. COOPER

NEW YORK:
PUBLISHED BY THE
AUTHOR, 10 NASSAU ST., N.Y.

1880

FROM THE DIRECTOR

Since 1986, the Office of Minority Health (OMH) has served as the nation's focal point for addressing health disparities which exist between the nation's racial and ethnic populations and the general population. This report, *Eliminating Racial and Ethnic Disparities in Health*, is the fourth biennial report submitted since OMH was legislatively established under the Disadvantaged Minority Health Improvement Act of 1990 (Public Law 101-527). *Eliminating Racial and Ethnic Disparities in Health* presents the activities and accomplishments of OMH and the Department of Health and Human Services in Fiscal Years 1997 and 1998 and summarizes programmatic evaluations conducted by OMH.

Upon my assumption of the position and duties of the Acting Deputy Assistant Secretary for Minority Health and Director of OMH, the mandate and focus were clear - to improve the health status of racial and ethnic minorities by ensuring that minority health issues are addressed at all levels of government and in the private sector. Key to our success has been OMH's ability to provide leadership, actively promote and assist in the development of the health infrastructure at the Federal, State, Tribal and local levels. Through various means, including policy analysis, coordination and development, advocating for improved data collection and analysis, demonstration programs, program review and evaluation, and information dissemination, OMH has been able to effect change in improving and strengthening the public health infrastructure necessary to address disparities in health care impacting minority health.

In meeting the needs of racial and ethnic minorities, we have identified key partners, including Federal agencies, national health and health related organizations, national minority organizations, State offices of minority health, community-based organizations, universities, and private foundations to work with us.

During 1998, the Department's launch of a new Initiative to Eliminate Racial and Ethnic Disparities in Health, and the announcement of the proposed goal of eliminating disparities for Healthy People 2010 (national disease prevention and health promotion goals for 2010), have allowed OMH expanded opportunities to work with new partners to further the goal of eliminating racial and ethnic disparities in health.

The Health Professions Education Partnership Act of 1998, (P.L. 105-392), includes a reauthorization of the Office of Minority Health. Section 201 (f) (2) of the reauthorization states that the heads of the Public Health Service agencies are to submit to the Deputy Assistant Secretary for Minority Health a report summarizing the minority health activities of each of the respective agencies. This is a new requirement for OMH in reporting minority health activities and FY 1999 represents the first year for this reporting. The OMH is pleased to include with this report, in the appropriate attachments, the minority health activities reflective of our partnerships with agencies.

The OMH will continue to build upon best practices, advocating for change where change is needed, and providing support and technical assistance as needed. With our goal of eliminating racial and ethnic

disparities in health, we call upon our partners in both the public and private sectors to assist us by helping to assure a healthy start for every child; promoting personal responsibility for healthier lifestyles and behaviors; and enhance mental health prevention, treatment, and outcomes. By applying sound science to public health policy and programs and by educating people and communities about prevention, health, and the health care system, we will stimulate research, policies, and the development and implementation of interventions that improve the Nation's health and, thereby, eliminate racial and ethnic disparities in health. With this in mind, it is with great pleasure that I transmit this Report to Congress, highlighting the major activities of the Office of Minority Health.

Nathan Stinson Jr., PhD, MD, MPH
Acting Deputy Assistant Secretary for
Minority Health

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ACRONYMS AND ABBREVIATIONS

AAIP	Association of American Indian Physicians
AAPCHO	Association of Asian Pacific Community Health Organizations
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
AIHEC	American Indian Higher Education Consortium
AMHPS	Association of Minority Health Professions Schools
ANMA	Auxiliary to the National Medical Association
APACSA	Asian and Pacific American Consortium on Substance Abuse
APHA	American Public Health Association
APIAHF	Asian and Pacific Islander American Health Forum
APIHIN	Asian and Pacific Islander Health Information Network
A/PI	Asian and Pacific Islanders
AI/AN	American Indian/Alaska Native
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CLCCHC	Center for Linguistic and Cultural Competence in Health Care
COE	Center of Excellence
COPD	Chronic Obstructive Pulmonary Disease
COSSMHO	National Coalition of Hispanic Health and Human Services Organizations
CTG	"Closing the Gap"
DHHS	Department of Health and Human Services
DIE	Division of Information and Education (OMH)
DMO	Division of Management Operations (OMH)
DPD	Division of Policy and Data (OMH)
DPO	Division of Program Operations (OMH)
DWG	Departmental Working Group
DWG-TCU	Departmental Working Group on Tribal Colleges and Universities
FDA	Food and Drug Administration
FY	Fiscal Year
GPRA	Government Performance and Results Act
HAA	Hispanic Agenda for Action
HAI	Hispanic American Initiative
HBCU	Historically Black Colleges and Universities
HHLF	Hispanic Health Liaison Project
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
ICPS	Interamerican College of Physicians and Surgeons
IHS	Indian Health Service
LEP	Limited English Proficiency

MHPF	Minority Health Professions Foundation
MOA/MOU	Memorandum of Agreement/Understanding
NACCHO	National Association of City and County Health Officials
NAFEO	National Association for Equal Opportunity in Higher Education
NAHAC	Native American Heartland AIDS Coalition
NCALHD	North Carolina Association of Local Health Departments
NAPAFASA	National Asian Pacific American Families Against Substance Abuse
NCLR	National Council of La Raza
NCOMH	North Carolina Office of Minority Health
NGO	Non-Governmental Organization
NHLBI	National Heart, Lung and Blood Institute
NHMA	National Hispanic Medical Association
NHSC	National Health Service Corps
NIH	National Institutes of Health
NMA	National Medical Association
NNARC	National Native American Resource Center
NNAYI	National Native American Youth Initiative
OASH	Office of the Assistant Secretary for Health
OD	Office of the Director (OMH)
OMH	Office of Minority Health
OMHRC	Office of Minority Health Resource Center
OPHS	Office of Public Health and Science
OPDIV	Operating Division
OSP	Office of Sponsored Programs
PHS	Public Health Service
PHSWRG	Public Health Service Waiver Review Group
PITTAN	Projecto Informar Training and Technical Assistance Network
RMHCs	Regional Minority Health Consultants
RPN	Resource Persons Network
SAMHSA	Substance Abuse and Mental Health Services Administration
SES	Socioeconomic Status
SOMH	State Office of Minority Health
STAFFDIV	Staff Division
STD	Sexually Transmitted Disease
TCU	Tribal Colleges and Universities
TDD	Telecommunications Device for the Deaf
U.K.	United Kingdom
WHDPC	White House Domestic Policy Council

HEALTH PROFILE OF RACIAL AND ETHNIC MINORITIES

Racial and ethnic minority populations are among the fastest growing of all communities in America. Yet, Blacks, Hispanics, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, in many respects, have poorer health and remain chronically underserved by the health care system. Significant gaps in health data still exist and hamper our ability to monitor health status over time--particularly for Hispanics, American Indians and Alaska Natives and Asian Americans and Pacific Islanders. In October 1997, DHHS Secretary Donna Shalala announced a new data policy, developed by the DHHS Data Council's Working Group on Racial and Ethnic Data (co-chaired by OMH), that requires the inclusion of information on race and ethnicity in all DHHS-sponsored data collection systems. (For more discussion of the role of data and OMH's activities in this area, see the **DATA POLICY** and **SPECIAL INITIATIVES** sections of this report.)

In many cases, the health gaps initially identified in the 1985 *Task Force Report on Black and Minority Health* have only grown. Much of this widening disparity reflects more rapid gains in health status for high socioeconomic status (SES) groups than for low SES groups.

For some health indicators, the health status of low SES groups has worsened. Differences in accessibility, utilization, quality of care, or benefits derived from medical care are factors contributing to inequality; however, an increase in economic inequality between SES groups is the driving force behind the rise in health disparities.

Health insurance coverage for non-Hispanic Whites, Hispanics, and Asian and Pacific Islanders dropped between 1984 and 1996. In 1996, 18.9 percent of non-Hispanic Blacks, 31.6 percent of Hispanics, 18.6 percent of Asian and Pacific Islanders, and 12.9 percent of non-Hispanic Whites lacked health insurance coverage. The health coverage for non-Hispanic Blacks remained relatively the same between 1984 and 1996.

Research has played an important role in understanding disparities in health between the White population and racial and ethnic minorities. However, research is still needed to better understand factors underlying racial and ethnic disparities in health and to identify points of intervention. While much progress has been made in closing the health disparity gap, in some cases, mortality and morbidity rates have increased for minorities, while the rates for Whites have declined or remained stable.

- Age adjusted breast cancer mortality increased 3.9 percent for Black women and declined 15.4 percent for White women between 1985-96 (Health U.S., 1998).
- While the number of tuberculosis cases among non-Hispanic Whites actually decreased 42.9 percent between 1986-97, the number of reported tuberculosis cases increased 51.1 percent for Asian Americans and Pacific Islanders, and 30.3 percent for Hispanics (CDC Tuberculosis Data, July 1998).
- The number of cases of AIDS-Opportunistic illness from 1991 to September 1998 has increased for non-Hispanic Blacks, Hispanics, Asian/Pacific Islanders and American Indian/Alaskan Natives (14-35 percent

increase), while the number of cases has decreased 18 percent for non-Hispanic Whites. During 1997, the most recent end year data available, the case rate for African Americans was 20.5 per 100,000, 14.4 per 100,000 for Hispanics and 2.5 per 100,000 for Whites. (CDC AIDS Surveillance Report, September, 1998)

When minorities have experienced improvements in health status, they often have not experienced the same rate of improvement as the White population.

- Gaps between Blacks and Whites in life expectancy have increased from 6.0 years in 1985 to 6.6 years in 1996 (*Health United States, 1998*).
- Infant mortality rates among Blacks have decreased since 1985. Infant mortality rates decreased by 33.7 percent for infants of White mothers but only 22.6 percent for infants of Black mothers between 1985-96. The disparity in infant mortality between Blacks and Whites, as measured by the ratio of infant mortality rates, has therefore increased from 2.07 in 1985 to 2.41 in 1996 (*Health United States, 1998*).
- The same general pattern in infant mortality is seen for American Indians and Alaska Natives in the Indian Health Service's (IHS) service areas. During 1985-1992, infant mortality among American Indians and Alaska Natives in IHS service areas declined 20.7 percent, while infant mortality declined 25.8 percent for the total U.S. White population. (*Trends in Indian Health, 1997*).

- Between 1985-96, age-adjusted heart disease mortality declined 29.1 percent for White males while declining only 21.9 percent among Black males (*Health United States, 1998*).
- Between 1996-1997, while overall death rates from AIDS declined 32 percent for Whites, death rates declined only 13 percent for African Americans and 20 percent for Hispanics.

While the general population has experienced increases in morbidity and mortality for some causes, minorities have often had a disproportionate share of that increase.

- Since 1985, age-adjusted firearm injury death rates for Black males increased 23.2 percent compared to only 7.2 percent for White males (*Health United States, 1998*).
- African Americans alone made up 57 percent of new HIV infections reported from 25 states in the period of 1994-1997, and represented 45 percent of all AIDS diagnoses. (CDC HIV Surveillance Report, 1997).
- African American and Hispanic women represent less than one quarter of all U.S. women yet account for 76 percent of AIDS cases reported among women through 1997. (CDC Surveillance Report, 1997).
- Sixty four percent of all new HIV infections are among Blacks and Hispanics. (CDC HIV Surveillance Report, December 1997).
- Perinatal HIV infection among racial and ethnic minorities is also very high. Among children 13 and below reported with AIDS from July 1997 through June

1998, 229 (59 percent) were African American, 22 percent were Hispanic, 1 percent were Asian/Pacific Islander and less than 1 percent were Native American/Alaskan Native. Nearly all of these cases were a result of mother-to-infant transmission.

Historically, the health problems that have contributed most to the disparity in life expectancy between racial and ethnic minorities and Whites have been heart disease and stroke, cancer, cirrhosis, diabetes, homicide, suicide, unintentional injuries, and infant mortality. HIV/AIDS continues to contribute significantly to the increasing disparity in life expectancy, and in 1997 was the leading cause of death in African American males aged 25-44 and the second leading cause of death in African American females of the same age. The mortality gap between Blacks and Whites has increased during 1985-1996 in each of these health areas with the exception of cirrhosis.

In spite of continuing disparities, there have been some improvements in minority health status. More Black and Hispanic women are being screened for breast cancer. Age-adjusted death rates for chronic liver disease and cirrhosis have declined 44 percent among Blacks during 1980-96 while they decreased only 18 percent among Whites. Between 1980-81 and 1995-96, minority enrollment in medical schools increased from 15 percent to 33 percent of all medical students. However, minority medical school enrollment has declined since 1996 and recent legislative changes at the State level are likely to continue this trend.

Socioeconomic differences are largely responsible for racial and ethnic disparities in health status. But, adjustment for socioeconomic status substantially reduces but does not eliminate these inequalities in health outcomes.

One reason for the persistence of racial differences, despite adjustment for SES, is that the commonly used SES indicators do not fully capture the economic status differences between households. For example, racial differences in wealth and assets are much larger than those for income. In addition, most studies fail to examine the role of racism and health. Racism can transform social status so that SES indicators are not equivalent across race. Racism can restrict access to public education, health care, housing, recreational facilities and a host of other services. Finally, racial discrimination and racism can induce psychological distress which can further compound health disparities experienced by racial and ethnic minorities.

The OMH believes that activities that focus on health disparities must account for both race/ethnicity and socioeconomic status.

MISSION OF THE OFFICE OF MINORITY HEALTH

Since 1986, the Office of Minority Health (OMH) has been the Federal focal point for minority health issues in the United States. The mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that help to eliminate health disparities and gaps. In the light of increasing racial, ethnic, cultural, and linguistic diversity of the U.S. population, the changes underway in the health care industry, and the challenges of adequately addressing the health care needs of our citizens while controlling costs, our mission is even more important. Consistent with our mission is our role within the Department for leadership, policy development and coordination, service demonstration projects, information exchange, coalition and

partnership building, and related efforts to address the health care needs of racial and ethnic minorities.

The responsibilities of OMH, as established by P.L. 101-527, the Disadvantaged Minority Health Improvement Act, include:

- Establishing short-range and long-range goals and objectives and coordinating all other activities within the Department of Health and Human Services (DHHS) that relate to disease prevention, health promotion, service delivery, and research on racial and ethnic minorities;
- Establishing interagency agreements with other agencies to increase the participation of racial and ethnic minorities in health service and promotion programs;
- Facilitating the exchange of minority health information through a national minority health resource center;
- Supporting research, demonstrations, and evaluations to improve information dissemination, education, prevention, and service delivery to disadvantaged racial and ethnic minorities;
- Coordinating efforts to promote minority health programs and policies in the voluntary and corporate sectors;
- Developing health information and health promotion materials and teaching programs; and
- Assisting providers of primary health care and preventive health services in obtaining the assistance of bilingual health professionals and other bilingual individuals.

ORGANIZATION AND STRUCTURE

Congressional actions and reorganizations initiated by the Secretary have changed the organizational structure of the Department to reflect shifts in programs and operations. The Health Professions Education Partnerships Act of 1998 replaced P.L. 101-527, the Disadvantaged Minority Health Improvement Act of 1990, which authorized activities administered by the Office of Minority Health. Until FY 1995, the Office of Minority Health was part of the Office of the Assistant Secretary for Health (OASH). In late FY 1995, OASH was abolished, and the Office of Public Health and Science (OPHS) was created. The OMH is now housed in OPHS and is part of an organization that no longer has direct authority over the various agencies of the Public Health Service. While this has created some challenges, it has also created many opportunities to expand our influence to ensure that the needs of disadvantaged populations are being addressed across the entire Department.

The Deputy Assistant Secretary for Minority Health serves as the Director of OMH and is the senior advisor to the Assistant Secretary for Health/Surgeon General and the Secretary on matters related to minority health issues, including budgets and programs, throughout the Department.

The OMH's four operating divisions, which report directly to the Director of OMH focus on specific aspects of OMH's mission, while coordinating their efforts across OMH and within DHHS. Key activities implemented by each Division and the Office of the Director include:

- **Office of the Director**

The Office of the Director (OD) is responsible for the overall management of OMH. Special Assistants within OD focus on issues such as Cultural Competency, Healthy People 2000 and 2010, Asian and Pacific Islander health issues, the Historically Black Colleges and Universities (HBCU) Initiative, the Hispanic Agenda for Action, American Indian and Alaska Native issues, women's health, and clinical issues. In addition, OD oversees the activities of the Minority Health Network, which includes State minority health entities, and OMH's Regional Minority Health Consultants, (OMH's direct representative in each of the 10 regions).

- **Division of Policy and Data**

The Division of Policy and Data (DPD) is the focal point within OMH for assessing the impact of proposed and established policies, programs, legislation, and changes in the health care system on the health of racial and ethnic minorities. Facts are analyzed and organized into clear, strong, and effective arguments to bring about changes in policies, practices and procedures that impede improvements in minority health status. The DPD coordinates the development and monitoring of OMH's evaluation plan and related projects, and OMH's Government Performance and Results Act (GPRA) measures. In addition, DPD monitors evaluation projects, cooperative agreements, and various projects under other cooperative agreements.

- **Division of Information and Education**

The Division of Information and Education (DIE) collects, organizes and distributes information to, for and about racial and ethnic minorities. This information is aimed at preventing diseases and promoting healthy

behavior to reduce disparities. The DIE operates the OMH Resource Center, the Nation's largest resource for minority specific, health-related information. The DIE manages media projects and OMH's conference program, and publishes "Closing the Gap," a monthly newsletter highlighting health issues and concerns. Minority health information on the Internet is available at:
<http://www.omhrc.gov>

- **Division of Program Operations**

The Division of Program Operations (DPO) is the focal point within OMH for programmatic activity. It uses various mechanisms to conduct programs which support public and private community-based practices and innovative models to improve information dissemination, education, prevention and service delivery to minority communities. The DPO develops, implements and monitors programs and activities in response to new program direction and policy, and facilitates the involvement of other Department agencies in areas of mutual interest and concern. The DPO administers grant programs, cooperative agreements, and various projects under OMH cooperative agreements.

- **Division of Management Operations**

The Division of Management Operations (DMO) is the administrative arm of OMH and provides administrative support for the day-to-day operations of the Office. Its staff operations consist of three self-directed teams in the areas of: (1) Administrative Management and Support Services, (2) Budget and Financial Management, and (3) Grants Management. As such, DMO is responsible for performing all business matters associated with the negotiation, awarding and fiscal monitoring of OMH grants and cooperative agreements. The DMO provides a wide variety of services in the area of general

administration, i.e., personnel management, space and property management, acquisition management and support services, information technology, management analysis, records management, and other administrative services. Also, DMO coordinates the Office's budget requests, monitors and executes its financial expenditures, inter/intra-agency agreements, and other budget activities for OMH central and regional offices.

EQUITABLE ALLOCATION OF RESOURCES

The OMH philosophy of strengthening the infrastructure of the health care system at the national, State and local levels is greatly enhanced by OMH's ability to provide programmatic and limited financial support to organizations that undertake specific projects designed to improve the health status of racial and ethnic minorities.

In addition to policy analysis, information dissemination and coordination of activities across the Department, OMH uses four main funding mechanisms to provide support and help ensure equitable allocation of resources: 1) grants; 2) cooperative agreements; 3) contracts; and 4) interagency agreements with other Federal agencies. Each method is structured to best meet the needs of recipient organizations and their constituencies.

Under P.L. 101-527 and P.L. 105-392, the Secretary, acting through OMH, has been required to "ensure that services provided are equitably allocated among all groups served . . ." by OMH. As shown in Table 1 OMH has made great strides in achieving this directive. It must be noted that a large percentage of OMH funds are used to support organizations which target more than one racial or ethnic population

which reflects the increasing racial diversity of the Nation.

In FY 1997 and FY 1998, through 29 interagency agreements, OMH provided more than \$2.2 million to DHHS OPDIVs in support of minority health efforts within those agencies. This included programs and activities which focused on migrant and rural health, farm workers, managed care, health professions development, combating HIV in public housing and rural areas, Native American health issues, violence, adolescent health, bilingual/bicultural activities, and database development, to name a few.

In FY 1997 and FY 1998, through 180 interagency agreements, OMH received more than \$16.6 million from DHHS OPDIVs to enhance and support OMH programmatic areas.

Receiving more funds from the agencies than that which was transferred to the agencies continues a major shift in OMH's role in building the necessary infrastructure at the national and local level. In the past, OMH provided funds to the OPDIVs as a means to encourage them to become involved in a particular health area or program. However, the OPDIVs now recognize OMH's leadership role in the development and implementation of key activities which will assist the agencies in meeting their own missions and mandates. Thus, the sustainability of OMH demonstration projects have been shown, clearly a step in the right direction in terms of infrastructure development. The OMH has now shown that by using its funding in a targeted manner, it has been able to expand the amount of funding available to address minority health issues.

When examining OMH's efforts to ensure that OMH's funding is equitably allocated as required by P.L. 101-527 and 105-392, it is important to differentiate between funding

which is specifically mandated by Congress, funding which OMH provides using only its own appropriated funds, and funding which OMH provides using both its own funds and funds obtained from the agencies in support of its activities.

Table 1 shows how OMH-only funds were allocated among the four racial/ethnic groups. It also includes information about funding for programs which targeted more than one racial/ethnic group at the same time (e.g., an AIDS program that targets both Blacks and Hispanics).

Table 1

**OMH Funds ONLY
Percent By Racial/Ethnic Group**

**FY 97 and FY 98
(In Thousands)**

Target Pop.	FY 97	Percent	FY 98	Percent
Black	2,004	21.0	1,511	14.1
Hispanic	2,707	28.3	2,977	27.7
AI/AN	349	3.7	385	3.6
Asian & Pac. Isl.	1,969	20.7	1,992	18.5
Multiple Groups	2,503	26.3	3,872	36.1
Total	9,532	100.0	10,737	100.0

Notes to Table 1:

- FY 1997 total dollar amount does not include \$1.6 million provided to Meharry Medical College in support of the Integrated Health Care Delivery System Project (directive from the Assistant Secretary for Management and Budget, Office of the Secretary); \$500,000 for an Asthma Attack Avoidance Program (directive from the 1997 Conference Appropriation Report 104-863); \$250,000 for the Albert

Einstein Hospital for the North Philadelphia Cancer Awareness and Prevention Program (directive from the 1995 Senate Appropriation Report 103-318); \$4.8 million provided to Central State University to support a Family and Community Violence Prevention Program (directive from the 1993 Conference Appropriation Report); and \$7.5 million provided to Morehouse School of Medicine, \$2.5 million provided to Spellman College, and \$1.5 million provided to the University of Arkansas at Pine Bluff for extramural construction (directives from the 1997 Conference Appropriation Report 104-863). Also, the total dollar amount does not include operating expenses.

- FY 1998 total dollar amount does not include \$1.0 million provided to Meharry Medical College in support of the Integrated Health Care Delivery System Project (directive from the 1998 Conference Appropriation Report 105-390); \$500,000 for an Asthma Attack Avoidance Program (directive from the 1997 Conference Appropriation Report 104-863); \$250,000 for the Albert Einstein Hospital for the North Philadelphia Cancer Awareness and Prevention Program (directive from the 1998 Conference Appropriation Report 105-390); \$4.9 million provided to Central State University to support a Family and Community Violence Prevention Program (directive from the 1998 House Appropriation Report 105-205); \$1.5 million provided to the University of Arkansas at Pine Bluff for an extramural construction grant (directive from the 1998 Conference Appropriation Report 105-390); and \$3.0 million for the Cook County/Rush Health Center and in Chicago (directive from the 1998 Conference

Appropriation Report 105-390). Also, the total dollar amount does not include operating expenses.

- FY 1997 and FY 1998 total dollar amounts do not include funds provided through interagency agreements with other DHHS agencies.

Since FY 1995, cooperative agreements have been used to help ensure an equitable allocation of resources and to provide technical assistance to national minority health-focused organizations, often with the assistance (financial and other) of the OPDIVs.

PROGRAMMATIC AND POLICY ADVANCEMENT ACTIVITIES

During FY 1997 and FY 1998, OMH strengthened its infrastructure to better implement program activity at the Federal, national, State, Tribal, regional and community level. Strong working relationships were developed with other Federal agencies, national minority and non-minority health-related organizations, key State-wide organizations, community-based organizations, colleges, universities, medical facilities and other organizations involved in health care, disease prevention, health services and research.

The OMH used six methods to strengthen infrastructure:

- (1) Served as a proactive partner in policy development and analysis promoting minority health concerns across the Department;
- (2) Used cooperative agreements, grants, contracts and memoranda of

understanding and interagency agreements to implement specific strategies for addressing health problems within minority communities;

- (3) Acted as the Nation's focal point for dissemination of minority health-related information and data through the operation of a Minority Health Resource Center;
- (4) Improved/enhanced language and cultural competency capabilities in the health care delivery system to facilitate accessible and quality health care for racial and ethnic minority individuals and communities;
- (5) Promoted equitable access to Federally funded health care programs targeting minority populations, and access to Federal funds by minority communities regardless of whether they target minorities; and
- (6) Facilitated the exchange of information and provided technical assistance to minority community-based organizations to improve their capacity and ability to develop and implement health programs.

Major activities of OMH that have been undertaken to strengthen the infrastructure include:

- **Office of Minority Health Resource Center**

The OMH established the Office of Minority Health Resource Center (OMHRC) in 1987 as an information service for the public. Today, the OMHRC collects and distributes health information on Blacks/African Americans, Asian Americans, Native Hawaiians and other Pacific Islanders, Hispanics/Latinos, American

Indians and Alaska Natives. The center operates a toll-free telephone line (1-800-444-6472), and is accessible by fax (301-589-0884), or by TDD for the hearing impaired (301-589-0951). Trained information specialists are available to respond to inquiries in English, Spanish, and Portuguese. The OMHRC services and publications are provided at no charge to consumers.

The OMH estimates that more than 36,000 persons annually have sought out and used the services of the Resource Center during FY 1997 and 1998.¹ During FY 1997 and 1998, OMHRC fielded more than 20,000 requests via telephone, fax, and regular or electronic mail. Use of the OMHRC's World Wide Web site, which debuted in FY 1996, drew nearly 53,000 visitors in FY 1997 and 1998. Updated weekly, the OMHRC Web site (<http://www.omhrc.gov>) allows users to tap into its databases for information on minority health issues, funding opportunities and related information quickly and easily.

Analysis of telephone and mail requests indicates that the majority of the requests from FY 1997 and 1998 came from health professionals and representatives of governmental, professional and community organizations interested in obtaining technical assistance, literature, consumer-oriented health materials, funding sources or guidance, or other information. The OMHRC's assistance to health professionals and others organizing health projects or programs includes locating and identifying resources on minority-specific health education, health promotion and program development. For community and professional users alike, OMHRC information specialists conduct customized database searches for literature, resource persons or funding sources, identify appropriate

publications and make referrals to other health organizations as appropriate.

In order to provide accurate and current information to the public, OMHRC maintains approximately 12,000 records in its databases. The center's library has collected more than 1,700 minority-specific books, magazines and newsletters on topics such as heart disease, stroke, cancer, substance abuse, diabetes, violence, infant mortality, HIV/AIDS, access to health care, cultural competency of health care providers, and minority representation in the health professions. The OMHRC has also developed a computerized card catalog for minority-focused journal articles, and houses more than 5,760 journal articles in its library collection.

The center continues to expand its database of minority-focused funding information on private and public foundations; pharmaceutical and insurance organizations; and Federal, State, Tribal and community resources.

The OMHRC maintains a Resource Persons Network (RPN) database comprised of approximately 500 minority health experts from around the nation. Members of the RPN are available to the health community by providing technical assistance, serving on committees, and speaking at workshops and conferences.

The OMH and OMHRC publish a monthly newsletter, *Closing the Gap*, a report on Federal, State, Tribal and community-based activities related to minority health. With a different focus each month, *Closing the Gap* has covered a range of health topics that affect minority populations. Recent issues have focused on environmental justice, rural health, organ donation and transplantation, women's health, locating funding for community projects, and Healthy People 2010. It is distributed free of charge to individuals on OMHRC's mailing list—which has grown from approximately 13,000 in FY 1997 to more than

¹ All figures for FY 1998 are projections based on data gathered through June 30, 1998.

16,000 in FY 1998—and to participants of conferences at which OMH or OMHRC exhibit. The newsletter is also distributed by members of the public who call the center requesting multiple copies for meetings, health fairs or other events. Additionally, community and national organizations regularly request and receive permission to reprint articles from *Closing the Gap* in their publications. These have included organizations as diverse as the *Afro American* newspaper, the National Rural Health Association and the California Office of Statewide Health Planning and Development.

Fact sheets and information guides include a *Funding Guide*, which lists public and private funding sources and provides tips for writing grant proposals, a quarterly briefing memo for members of the RPN and another for public reference librarians interested in minority health resources and acquisitions. Publications on special topics include OMH's *Breast Cancer Resource Guide for Minority Women*, which is available as a hard copy publication and on OMHRC web site. The *Pocket Guide to Minority Health Resources* lists hundreds of organizations from the OMHRC database including Federal and State contacts, health-related clearinghouses, minority organizations and sources of health materials. During FY 1997 and 1998, the center distributed some 125,000 copies of various publications.

The center engages in several national health awareness activities including Breast Cancer Awareness, World AIDS Day, and Glaucoma Awareness Month. As part of its participation, OMHRC creates pages on its web site to draw attention to national health observances.

The OMHRC participated in 62 out-of-town and local conferences during FY 1997 and 1998. Some of the organizations at whose conferences OMHRC had presentations or exhibits were: American Public Health Association, the American Association of

Retired Persons, the Association of American Indian Physicians, the National Council of La Raza, the Asian American and Pacific Islander Health Forum and the National Caucus and Center for Black Aged. The OMHRC tracks inquiries to the center that result from conference participation or other special outreach.

The OMH regularly uses the Resource Center to spread the word on health and public policy issues of importance to minority communities. During the past two years, OMHRC has used special mailings, its newsletter and web site announcements to solicit community participation in the development of health objectives for Healthy People 2010. It used the resource center to call attention to and seek community participation in the Healthy People 2000 Progress Review for Asian Americans and Pacific Islanders held in September 1997, in San Francisco. Also, the OMHRC distributed the framework and encouraged comments on the Asian American and Pacific Islander Initiative in December 1997. Working with the Office of Management and Budget, OMH used the center to stimulate public participation in the review and revision of Federal standards for racial and ethnic data gathering and analysis. It has translated influenza prevention materials into Spanish for the Health Care Financing Administration and prepared and posted a Spanish-language electronic web page for HCFA's annual "Fight Flu" campaign.

Most recently, OMH has entered into a one-year partnership with the National Heart, Lung, and Blood Institute (NHLBI) to assist it in promoting heart health to the Hispanic community. The *Salud Para Su Corazón* project, which is based on a series of seven carefully researched and easy-to-read bilingual booklets developed by NHLBI, is being promoted by NHLBI via public-service television and print announcements

nationwide. Individuals seeking more information call a toll-free telephone number actually operated by the OMH Resource Center, where Spanish-speaking staff assist callers and take requests for NHLBI publications and information. The OMH is keenly interested in increasing the number and reach of such partnerships.

Information and Education Projects

Information Technology Infrastructure

Grant Program: In FY1998, OMH awarded a information technology grant to the CORE Foundation to assist in implementing telecommunications and computer systems. Core provides treatment on an outpatient basis, prevention, education, and research to people with HIV/AIDS and related infectious diseases, in and around Cook County. This project supports the construction of the CORE Center, a state-of-the-art, 60,000 square-foot, free-standing outpatient facility, that is the result of a cooperative effort between the Cook County Bureau of Health Services and the Rush-Presbyterian-St. Luke's Medical Center, Illinois' largest public and private hospital. The CORE Center opened in 1998, and its information technology systems provide support for clinical and research services, as well as public and professional information and education on infectious diseases that are important in minority communities.

Media and Health Promotion Programs:

Three projects were designed to determine effective methods of using media to promote health issues in minority communities.

Health Watch, Inc.: The OMH assisted this nonprofit organization to document and disseminate information concerning a national video conference on developing strategies to prevent teenage pregnancy, HIV/AIDS, and violence in Black and Hispanic/Latino communities. The video conference had 15

interactive down-link sites with live and real-time reaction to presentations, questions, and answers from participating minority adolescents.

Spanish-Language Radio: The OMH contracted with the Hispanic Radio Network to produce and broadcast a series of 10 three-minute scripts that provide basic consumer information concerning managed health care. These scripts were prepared in Spanish as a real-life series, delivered by a popular Spanish radio personality, and broadcast nationally on a network of more than 200 Spanish-language radio stations.

Prevención, Inc.: The OMH supported this nonprofit organization, founded by a Washington-area Hispanic physician, to analyze responses of Hispanic/Latino radio listeners and television viewers to health campaigns delivered through Spanish-language media. This project analyzed data on the demographics of Spanish-language radio and television audiences, and telephone inquiries and responses to health promotion campaigns.

Evaluation of the Office of Minority Health Resource Center: A customer survey of the Office of Minority Health Resource Center is being conducted under contract. This project is designed to describe evolution, status, and needs of OMHRC, its services and target audiences. This project will examine OMHRC missions, functions, target audiences, services, access modes, consumer satisfaction, information gaps, and coordination with other information sources. This study will survey OMHRC users and will provide information for OMH leadership and program managers regarding the effectiveness of OMHRC in meeting its goals and objectives, and addressing needs of potential and actual users. As of October 1998, Office of Management and Budget approval of the customer survey was pending.

MINORITY HEALTH NETWORK

As called for in the *1985 Report of the Secretary's Task Force on Black and Minority Health*, OMH has strived to strengthen the infrastructure at all levels by building the capacity of the non-Federal sector to address minority health problems. OMH has adopted a strategy of empowering minority communities by building and strengthening viable partnerships and mobilizing resources across the public and private sectors, forming a **National Minority Health Network**.

This Network, a collaborative effort between Federal and public/private sector organizations including community-based organizations, agencies and individuals, is designed to share information and other resources, and to coordinate activities to improve the health status and quality of life of racial and ethnic minority populations in the United States and its territories. The Network has two major components: Federal and State-focused activities.

Federal Component

During FY 1997 and FY 1998, OMH, in conjunction with Regional Minority Health Consultants and individuals at the State, national and local level, initiated key activities that supported the development of the health infrastructure. Specifically the OMH:

- Provided technical assistance to the Hispanic community in the conduct of regional community meetings in response to the Department's Hispanic Agenda for Action.
- Provided technical assistance to migrant and rural community based

organizations (CBOs) and non-governmental organizations in California.

- Provided technical assistance to Centro de Hispano of Hawaii which provides health and human resources to 100,000 Latinos living on the island of Oahu.
- Provided technical assistance to the States of Connecticut, Florida, Louisiana, Nevada and New Mexico in developing State offices/programs of minority health.
- Provided technical support for the Asian Pacific American Consortium on Substance Abuse (APACSA) to complete the development of a database of Asian and Pacific Islander organizations in the Greater Portland metropolitan area.

Federal Activities in the Regions

Regional Minority Health Consultants (RMHC) serve as an extension of OMH in the regions to coordinate minority health activities across PHS programs to impact the delivery of health care services to minorities. RMHCs provide information and consultative services on minority health issues to States and local communities, and the public in general, and share information and resources with Federal staff and agencies. Regional OMH activities are focused on building capacity at the community level to address minority health issues and concerns. This is accomplished by developing partnerships with local, State, and national organizations whose goals encompass minority health issues; and by promoting collaboration and coordination of activities with and through the public and private sectors of the health and human services arena. RMHCs convene conferences and workshops and participate in Federal, State, Tribal,

regional and local activities to advance the OMH mission. All RMHC's helped plan regional public hearings to solicit comments on draft Healthy People 2010 objectives in the Fall of 1998. In addition, the RMHC's helped plan regional meetings to support the Hispanic Agenda for Action. Examples of other RMHC activities include:

Region I

- **Eliminating Health Disparities by 2010 Conference**

Convened a regional planning committee to implement the Regional "Eliminating Health Disparities by 2010 Conference" which is scheduled for April 11-13, 1999.

- **Town Hall Meeting**

Participated in the planning and staffing of the President's Initiative on Race, Town Hall Meeting, held in Boston, Massachusetts on July 10, 1998. The session was entitled "Barriers to Health Care for Racial and Ethnic Minorities: Access, Workforce Diversity and Cultural Competence."

- **Tribal Consultation**

Attended and participated in a Tribal Consultation meeting with Wampanoag Tribes in the State of Massachusetts.

- **Long-Term Care**

Partnered with the Boston Chapter of the National Caucus on Black Aged, Inc.; the Institute for Health Policy, Heller School, Brandeis University; the Association of Retired Persons; and other organizations to develop a

publication entitled A Guide to Help Train and Educate Elder Volunteers About Long-Term Care.

Co-Presented at the Massachusetts Association of Councils on Aging and Senior Center Directors Annual conference held October 7-8, 1998.

- **HIV/AIDS**

Co-presented at the U.S. Conference on AIDS Annual Conference in Dallas, Texas October 29 - November 1, 1998 on the following topics: "Eliminating the Ethnic and Racial Disparities in HIV/AIDS Health Outcomes: Matching Resources to Highly Impacted Populations" and "The President's Race Initiative: Now More Than Ever."

- **State Office of Multicultural Health**

Provided consultation and technical assistance in the establishment of an Office of Multicultural Health for the State of Connecticut.

Region II

- **Improving Health in Communities of Color**

Provided technical assistance to the State of New Jersey to develop its September Minority Health Activities Calendar entitled "Working to Improve the Health of Communities of Color." The calendar included a series of workshops, town meetings, festivals, interfaith services, and mentoring and exchange programs.

Conducted a conference entitled "Prevention of Obesity: A Family

Affair.” The purpose of the conference was to provide training on prevention issues related to obesity. The conference was held in October 1998. Provided resources and technical assistance to Hunter College and the Dietetic Association to sponsor a conference entitled “Impact of Diabetes in Communities of Color.” Follow up issues relative to the conference was held in March 1999.

Provided technical assistance to the State University of New York Health Sciences Center to develop outreach techniques to increase the number of minority high school students in the health sciences.

- **Access and Managed Care**

Provided technical assistance to the New York Regional Association of Grantmakers In Health to develop a series of regional meetings entitled “Focus on Immigrants and Refugees.” The purpose of the meetings was to bring non-profit organizations and foundations together to discuss access to care and managed care issues impacting this population.

Presented at the Latino Advisory Council, of the New York City Office of the Comptroller, on Federal programs and issues related to access to health care, and information and referral systems available to the most vulnerable at risk Hispanic/Latino populations.

Participated in a forum entitled “Protecting and Preparing our Children and Creating Opportunity for Latino Youth.” The forum was sponsored by the Latino Fund of the Tri-State and the Committee for Hispanic Children and

Families. The mission of the Fund includes promoting healthy families and access to health and human services.

- **Hispanic Health**

Served on Mount Sinai Hospital’s Minority Advisory Committee and provided technical assistance to the hospital’s Alzheimer’s Disease Program. Assistance was provided in the development and design of Alzheimer’s Disease Programs in Spanish for providers, caregivers, and advocates. These programs are provided at Mount Sinai Hospital in conjunction with community based organizations.

- Provided technical assistance to the Hispanic Dental Students Association of New York on language barriers and access to dental care for Hispanic/Latino populations in the Metropolitan New York area.

- **Mental Health**

Provided technical assistance to China Action for Progress, Inc. (Chinatown Health Clinic) to develop an evaluation project entitled “Evaluation of Treatment Outcomes, Quality and Costs of the Asian-American Primary Care and Mental Health Bridge Program in New York City.”

- **Asian American and Pacific Islander Initiative**

Convened and facilitated a meeting between regional office staff and leaders in the Asian American and Pacific Islander community to address issues and concerns pertinent to this population.

Region III

- **HIV/AIDS**

Provided funding for one full time equivalent nurse practitioner in the Baltimore City Health Department's STD Program. The position is part of a multi-disciplinary and multifaceted team approach to eradicating syphilis. The approach calls for increasing public awareness and health care provider awareness of the syphilis epidemic, providing continuing medical education to providers aimed at enhancing their diagnostic acumen regarding syphilis, and establishing new partnerships with other governmental agencies. STD services are provided in both the traditional clinic setting and in non-traditional outreach such as mobile vans, community centers and churches.

Region IV

- **Atlanta Breast and Cervical Health Partnership**

Initiated the establishment of the Atlanta Breast and Cervical Health Partnership to address the high rate of breast and cervical cancer in the Atlanta Empowerment Zone. The effort is being addressed through clinical and community health education.

- **Vine City Health Partnership**

Initiated the Vine City Health Partnership as a spinoff of the Atlanta Breast and Cervical Health Partnership. The purpose of this partnership is to provide outreach and cancer intervention services and to address violence prevention and HIV/AIDS.

- **Strike Out Stroke**

Partnered with regional, State and local health groups to form the "Strike Out Stroke Committee." The committee holds community hearings throughout the State of Georgia on the elimination of stroke in women of color.

Region V

- **Chronic Diseases in Minority Populations**

Sponsoring forums in five States within the region entitled "Chronic Diseases in Minority Populations." These forums will be held between February and September 1999 and will provide an opportunity for consumers, providers, academic institutions, advocacy organizations, voluntary agencies, local and State health departments, and State Offices of Minority Health to discuss gaps in health care that exist between racial and ethnic minority groups. This forum will allow the opportunity to develop recommendations for eliminating health disparities. The States involved are Illinois, Indiana, Minnesota, Ohio and Wisconsin.

- **Training**

During FY 1998, the Illinois Health Coalition for Communities of Color, in Chicago, convened two community health campaigns aimed to educate African Americans and Hispanics about diabetes. The "Taste of Health" seminar provided diabetes education and focused on the African American and Hispanic communities. The "Training for Lay Educators" seminar provided training to African American and Hispanic individuals to become

diabetes lay educators within their respective communities. This activity is ongoing and is a follow-up to a Region V diabetes conference held in 1994. The "Training for Lay Educators" seminar was featured in the Chicago Sun Times newspaper.

- **Cultural Competency**

As a member of the Illinois Department of Public Health's Center for Minority Health's Cultural Competency Planning Committee, assisted with the development of cultural competency curriculum and training for health care institutions in Chicago During FY 1997 and FY 1998.

- **Health Professions Schools**

Co-sponsored, presented and exhibited at the University of Illinois at Chicago, School of Public Health's Health Careers Opportunity Program Conference. The conference was held during October 1998.

- **Tribal Consultation**

In partnership with the IHS Bemidji Area Director and HCFA, met with Indian tribal chairs and health directors from reservations in Michigan, Wisconsin and Minnesota, to plan and coordinate tribal needs with regional office and State health and human service agencies. Issues of tribal sovereignty and State block grants, data and surveillance, Temporary Assistance to Needy Families (TANF) regulations, Medicaid waivers and culturally appropriate care reimbursements under managed care funding were the focus of these discussions. The meetings were in response to the Performance

Partnerships Initiative of OPHS.

- **Affirmative Action and Public Health**

Chaired a session at the American Public Health Association (APHA) meeting in November 1998 entitled "Affirmative Action and Public Health: What is Next for APHA and the Public Health Community?" The session was interactive, built upon an affirmative action session held in 1997 and focused on lessons learned; effective models; and next steps.

Region VII

- **DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health**

Provided technical assistance to the Mayor of Kansas City, Missouri, to conduct public hearings entitled - Three Days of Listening. The sessions addressed the disparity in the application of HIV/AIDS resources in relationship to the burden of disease among the African American, Hispanic American and Native American populations.

Plenary speaker on the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health at two conferences held in Region VII.

Chaired the Chronic Disease Committee of the Northwest Minority Health Alliance. The committee is developing a plan to reduce the incidence of diabetes and increase treatment compliance among residents in ten zip code areas of Kansas City, Missouri.

Chaired the Task Force on Special Populations of the Heartland Division of the American Cancer Society. This

task force advises the American Cancer Society on how it can more effectively eliminate cancer disparities in targeted minority populations.

Provided input to the National AIDS Policy Office regarding eliminating disparities in minority populations.

- **White House Initiative on HBCUs**
Provided technical assistance to Lincoln University, Lincoln Nebraska to develop a Center for Minority Aging. The Center will offer students interdisciplinary aging course work focused on the minority elderly and research skills development. Also provided technical assistance and support to Lincoln University for their Missouri Annual Institute on Minority Aging.
- **Asian American and Pacific Islander Initiative**
 - Currently supporting the assessment of health services knowledge and utilization among Asian Americans and Pacific Islanders.
 - Participated in the planning and implementation of the Asian and Pacific Islander Regional Meeting.
- **White House Initiative on Tribal Colleges and Universities (TCU)**
The Haskell Indian Nations University adopted a *zero tolerance* program for alcohol abuse beginning with the 1998 Fall term. In addition, provided technical assistance to develop a culturally specific alcohol abuse treatment program targeting Indian youth, many of whom are dependent/addicted prior to arrival.

- **Indian Health Forum**

The Regional Office convened an Indian Health Forum for Kansas Tribes to identify areas in which assistance was needed. Participants included the Regional Director, the Regional Health Administrator, tribal representatives, Health Care Financing Administration representatives, the Kansas State Department of Health and Environment, and the Kansas State Department of Social and Rehabilitative Services. A technical assistance plan was developed to assist tribal clinics to maximize Medicaid eligibility and reimbursement.

- **Technical Assistance**

Provided technical assistance and support to the Kansas City Indian Health Coalition. The Coalition started as an AIDS advocacy group, and now provides primary health and AIDS services as a 501(c)(3) nonprofit organization.

- **Regional Meeting**

The Office of the RHA convened a meeting of the State and the IHS Health/Medical Directors to discuss both personal and public health care services delivery issues. The meeting is convened biannually to encourage dialog between States and IHS providers.

Region VIII

- **Welfare Reform**

The Wyoming Indian Health Board held a meeting with staff from the Montana Department of Public Health and Human Services, the Regional

Administration for Children and Families, and the Regional Health Administrator's office to discuss welfare reform. Tribes are interested in learning about their rights and tribal challenges and opportunities under the Temporary Assistance to Needy Families. Tribes had until July 1, 1998 to submit a three-year plan if they wished to assume administration of their own TANF program.

- **White House Initiative on Tribal Colleges and Universities**

Under the auspices of the Regional Director, HCFA partnered with IHS trained HCFA staff from several regions, including Region VIII, to collaborate more effectively with tribal governments. These sessions included discussions on the Presidential Memorandum dated April 29, 1996 which directed Executive Branch agencies to work with tribal governments as sovereign nations, reaffirming the government to government special trust relationship. The memorandum discussed cultural sensitivity, tribal compacting, IHS reorganization, and the health trends of Native Americans. Key IHS and tribal representatives were invited to participate.

- **Listening Sessions**

The Regional Director, in consultation with the Regional Health Administrator, convened two Listening Sessions between Federal agency managers and representatives of the Denver, Colorado American Indian community. The participants have agreed to meet three times per year to further discuss and focus on specific Denver metropolitan

area issues and to include tribal issues as needed.

Region IX

- **Visiting Lecturer**

In response to enhancing the knowledge base, and to promote career development for university students training in the health and human services arena, served as a visiting lecturer to the Health and Human Services Undergraduate Program at San Francisco State University. Two-thirds of the students taught were from racial and ethnic minority groups.

- **State Minority Health Activities**

California: Provided quarterly updates on OMH and DHHS multicultural health activities to the California Department of Health Services' Task Force on Multicultural Health. Statewide health issues impacting communities of color such as Medi-Cal managed care, Children's Health Initiative, county welfare issues, cultural competency and literacy and outreach to communities of color, and limited-English proficiency were discussed.

Nevada: Provided technical assistance in the establishment of a State Office of Minority Health. The office sponsored two strategic planning meetings in the Fall of 1998.

- **HIV/AIDS**

In conjunction with the Office of the Regional Director and the Regional Manager's Council Subcommittee on the Secretary's HIV/AIDS Program Initiative, participated in five community forums in FY 1998. The

forums focused on HIV/AIDS as it impacts women, ethnic minorities and low income people throughout the region. Meetings were held in Northern and Southern California, Arizona, Nevada and Hawaii. A final report of these activities will be available in FY 1999.

- **Grant Writing Workshop**

Responding to community concerns, the RMHC in conjunction with the Regional Director and the Regional Health Administrator, planned, coordinated and facilitated a Basic Grantwriting Workshop for the community of Bayview Hunter's Point, a predominately African American neighborhood in San Francisco, California. The workshop was identified as a need by the community in a meeting with regional staff to address their concerns. The workshop was attended by grassroots individuals and community-based health and welfare advocates. A second workshop is scheduled for FY 1999.

- **Migrant Health**

Participated in the planning of "SIDA/AIDS," a conference entitled The Borderless Epidemic, The Reality for Immigrant Latinos. The conference was held September 24-25, 1998 at the University of California Riverside.

- **Fatherhood Initiative**

Assisted the Regional Health Administrator (Lead RHA for the Fatherhood Initiative) in planning a national conference on fatherhood entitled "Strengthening Families Through Public/Private Partnerships:

Connecting Fathers." The conference provided an opportunity to stimulate dialogue about emerging father-centered initiatives by promoting coalition building, encouraging broad and diverse partnerships, and motivating organizations to connect fathers to the family. The National Center for Strategic Nonprofit Planning and Community Leadership, the Ford Foundation, the Office on Women's Health, and the Office of Family Planning provided support for the conference. The conference was held on August 27-28, 1998 at the Oakland Memorial City Center and attended by approximately 500 participants.

State Focused Activities

The second major component of the Network is the State Offices of Minority Health (SOMH). The SOMH continue to serve as pivotal points between Federal, State, Tribal and local efforts to improve the health status of minority populations.

Since the first meeting of State representatives in 1990, which had only five attendees, the State component of the Network has grown to 31 entities at the end of FY 1996. However, there has been a reduction in the number of State offices due to budgetary constraints and streamlining at the State level. At the end of FY 1998, State Offices of Minority Health were operational in:

Alabama	Arizona	Arkansas
California	Connecticut	Delaware
Georgia	Florida	Illinois
Indiana	Massachusetts	Maryland
Michigan	Minnesota	Mississippi
Missouri	Nebraska	New Jersey
New York	N. Carolina	Ohio
Oklahoma	Oregon	Rhode Island
S. Carolina	Tennessee	Texas

Utah	Vermont	Virginia
Washington	West Virginia	

Minority health advisory liaisons, committees, task forces, and programs have been established in the following States:

Hawaii	Iowa	Nevada
Wisconsin		Wyoming

In FY 1998, the OMH initiated a study entitled “Assessment of State Minority Health Infrastructure and Capacity to Address Issues of Health Disparity.” This project examines the nature and extent of the minority health infrastructure within eight States and one U.S. Territory public health agency. The goal is to determine those factors that contribute to or detract from the establishment and sustained support for such entities, and to assess the viability of and effects on State capacity to address the needs of racial and ethnic minority disparities in health status and risks to health. Barriers and concerns that are being studied include: (1) determining whether the missions of the SOMH are too broad, given the level of resources allocated to address minority health issues; (2) where the SOMH sits within public health agencies; and (3) the survival of minority health entities -- the need to validate their existence.

Specifically, the proposed study is designed to answer the following:

- What is the nature and extent of efforts at the State/Territory level to eliminate health disparities, especially among racial and ethnic groups?
- Are efforts to “close the gap” in health disparities between racial and ethnic groups more likely to occur when dedicated “minority health entities” are established? Why or why not?

- What, if any, features or characteristics of “minority health entities” hinder or contribute to their effectiveness? How is such effectiveness measured?
- What features, characteristics, or elements promote and hinder the establishment and effectiveness, of “minority health entities?”
- To what extent are State/Territory efforts to eliminate health disparities and address health concerns of racial/ethnic minorities linked to national efforts such as Healthy People 2000/2010?
- To what extent are efforts at the State/Territory level to eliminate or “close the gap” between racial and ethnic groups in the priority health issue areas of particular concern to OMH? What efforts are in place or planned at the State/Territory level to address each of the four crosscutting priority issue areas as they relate to improvements in the health of racial/ethnic minorities?

In addition, the Office of Minority Health entered into one-year contracts with 25 State Offices of Minority Health under the State Partnership Initiative. The OMH established the State Partnership Initiative to assist State Offices of Minority Health to develop or expand the existing infrastructure to address the public health needs of racial/ethnic minorities and/or to undertake special projects to address emerging health-related issues impacting minority communities.

- Infrastructure development activities include: (1) development or enhancement of communication technology to enhance the health status of minority communities; (2) data

collection and analysis; and (3) the development of effective partnership strategies in working with community-based and grassroots organizations.

- Special projects address emerging health related issues impacting minority communities. They may include: (1) the development of State health objectives in implementing Healthy People 2000/2010; (2) community network building; (3) addressing the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health; and (4) addressing unmet needs such as cultural competency, bilingual services, the Children's Health Insurance Program (CHIP), welfare reform, and environmental health issues.

Examples of State Offices of Minority Health activities in FY 1997 and FY 1998 included:

- **North Carolina:** The North Carolina State Office of Minority Health (NCOMH) has had several opportunities during fiscal year 1997-98 to provide guidance and technical assistance to Federal, State, Tribal, local, and public/private health agencies in the development of program policy which impacts minority health. In July 1997 NCOMH provided a historical overview of its work to increase the availability of interpreter services in local health departments to the North Carolina Association of Local Health Directors (NCALHD). The Association assigned one of its committees to work with NCOMH on these issues. In support of the need outlined by the North Carolina Office of Minority Health, the NCALHD Policy and Planning Committee recently selected the "funding for public health services and translation services for all

populations regardless of alien status" as one of its 1998 legislative priorities. NCOMH has also worked with the State Center for Health Statistics to identify a more appropriate heading for the "Non-White" category under which statistics on minorities are reported in the State.

- **Ohio:** In response to the need for culturally normed maternal and child health services identified by women from the Asian community, the Ohio Commission on Minority Health was awarded a three-year grant for \$450,000 to serve communities in Detroit, Michigan and the Ohio cities of Columbus and Toledo (Southeast Asian Regional Community Health Project). To implement the project which focused on the entire family unit, the Commission coordinated a service delivery network including: Wayne State University, the Michigan Office of Minority Health, Detroit Children's Hospital, the Asian Resource Center (Toledo), Cambodian Mutual Assistance (Columbus) and the Columbus Health Department. The project produced training materials including a training manual for providers, camera-ready education materials and training tapes which are nationally distributed.
- **Tennessee:** In 1997, the Office of Minority Health partnered with the Tennessee Black Health Care Commission and the Tennessee Black Caucus of State Legislators to establish Regional Health Coalitions. The establishment of these Coalitions was based on recommendations from the *1st Annual Minority Health Summit* and the 1996 Legislative Black Caucus Conference. The Office of Minority Health continues in its initial role as

prime strategist, and when necessary, liaison, for the coalitions.

The coalitions are comprised of local group forming six regional networks of community activists, elected officials, business leaders, educators, health service providers and other professionals interested in the health of minority citizens in Tennessee. Based in Chattanooga, Jackson, Johnson City, Knoxville, Memphis and Nashville, the groups meet monthly to discuss issues and share information for improvement in the respective communities. In 1997, each coalition developed baseline goals for economic, health and education systems, and issues with general themes of enhancement of community development, encouraging activism and demanding accountability from public institutions and leaders.

Over the past two fiscal years, the OMH has worked to strengthen the Minority Health Network of health professionals, educators and policy makers. This year, the network was mobilized to advise the Department in Healthy People Progress Reviews and the development of Healthy People 2010 objectives. This network has been and will continue to be used to serve as a mechanism for input from State and local communities into the policy making process at the national level.

The OMH keeps the network informed of minority health issues through conference calls and meetings, with State minority health representatives, mailings, and OMH home page on the Internet. The section entitled Center for Linguistic and Cultural Competence in Health Care provides additional information on State partnerships.

PROGRAMMATIC AND FINANCIAL ASSISTANCE

The OMH has demonstrated through previous grant and technical assistance programs that community-based organizations and others benefit tremendously from the provision of funding and direct technical assistance, and that they can have a tremendous impact on minority health at the local level. The OMH views its provision of funding and technical assistance as key to strengthening the infrastructure at the national, regional, State or community-based levels.

Grants, contracts, cooperative agreements and memoranda of understanding and agreements are an effective mechanism to work with non-Federal organizations to achieve common goals, and to provide direct, on-going technical assistance leading to the development of a stronger public health infrastructure at the national, State and local levels.

• OMH Funded Grants

The OMH encourages efforts to facilitate community linkages and strategies that use scarce resources efficiently and across organizational lines. The OMH grant programs include:

1. Minority Community Health Coalition Demonstration Grants

FY 1997 - 14 awards totaling \$1,993,019
FY 1998 - 17 awards totaling \$2,541,187

The Minority Community Health Coalition Demonstration Grant program was established in 1986 to address health risk factors of minority populations. In FY 1998, the OMH maintained an emphasis on supporting

programs that could demonstrate effective coordination of integrated community-based screening, outreach and other enabling services.

The focus of projects continued to be on the health problems identified in the 1985 Secretary's Task Force Report on Black and Minority Health. However, communities are now encouraged to define and address their own health problems and needs. The program required that a coalition be established, comprised of at least three separate entities, capable of ensuring that the target population be provided with a continuum of appropriate health care services and support. The coalition had to include a health care facility, capable of providing treatment services. Health care facilities include community health centers, migrant health centers, health departments and medical center organizations.

In FY 1997, 14 continuation applications totaling \$1,993,019 were funded for the final year of a three-year project period. More than 75,000 individuals were projected to benefit during the final year alone.

In FY 1998, new three-year awards were made to 17 organizations in 13 States (Arkansas, Arizona, California, Connecticut, Florida, Hawaii, Kansas, Massachusetts, Michigan, Missouri, Pennsylvania, South Dakota, and West Virginia). These programs are tailored to help meet the needs of their individual communities, within general parameters. Activities include community outreach, information campaigns, health education activities, healthy lifestyle activities, health screening, case management, referrals, tracking and follow-up activities. Grant funds are not used to provide medical treatment. Projects funded in FY 1998 are being implemented in calendar years 1998 and 1999.

2. Bilingual/Bicultural Service Demonstration Grant Program

FY 1997 - 29 awards totaling \$2,796,829

FY 1998 - 27 awards totaling \$2,688,868

The Bilingual/Bicultural Service Demonstration Grant program supports community-based projects to improve access to health care services for minorities with limited-English-speaking ability. This program, initiated in 1993 with the funding of one-year pilot projects, is designed to specifically address barriers that limited-English-proficient (LEP) minority populations face when accessing health services.

Projects funded under this program aim to improve the ability of health care providers and other health care professionals to deliver linguistically and culturally competent health services to LEP populations.

Funded project activities included the development of medical guides and training manuals, recruitment and training of health professionals, training of Spanish-speakers to conduct health outreach, distribution and translation of information, and the provision of interpretation services.

- In FY 1997, 14 projects totaling \$1,322,246 were awarded for the final year of a three-year project period. These grantees were located in five States (California, Illinois, Kansas, Michigan, and New York) plus the District of Columbia, and American Samoa. More than 59,000 individuals were projected to benefit during this final year. In addition, 15 new projects totaling \$1,474,583 were awarded for three-year project periods in six States (California, Massachusetts, Michigan, New York, Pennsylvania, and Texas). These projects included a focus on

managed care education for the LEP minority populations. Projected beneficiaries numbered over 39,000.

- In FY 1998, 15 managed care projects awarded in FY 1997 received continuation funds in the amount of \$1,488,870. Also in FY 1998, 12 new awards totaling \$1,199,998 were made under the Bilingual/Bicultural Service Demonstration Program. These projects are located in the following States: Arizona, California, Colorado, New York, Texas, and the District of Columbia.

- **Basic Cooperative Agreements**

The following cooperative agreements were implemented by OMH in response to Congressional directives:

Children's Hospital of Philadelphia

FY 1997 - \$250,000

FY 1998 - \$250,000

In 1997, a 3-year cooperative agreement was awarded initiating a peer model program for asthma attack avoidance education. The project establishes a community-based, parent-child focused program designed to increase identification of potential asthma attack-triggering factors among minority, specifically African American, urban children, and to ensure appropriate referral and follow-up for medical care.

City University of New York Research Foundation/Health Force

FY 1997 - \$250,000

FY 1998 - \$250,000

In 1997, a three-year cooperative agreement was awarded to the City University of New

York Research Foundation/Health Force to establish a peer model program for asthma attack avoidance education. This project establishes a community-based, parent-child focused educational program designed to increase identification of potential asthma attack-triggering factors among minority, specifically Hispanic, urban children, to decrease the incidence of asthma attacks and ensure appropriate referral and follow-up for medical care.

Family and Community Violence Prevention Program

FY 1997 - \$4,800,000

FY 1998 - \$4,900,000

In FY 1997, OMH developed and awarded a three-year cooperative agreement to Central State University. The cooperative agreement supports a Family and Community Violence Prevention Program. The purpose of the cooperative agreement is to change the increasing trend of violence and abusive behavior in low-income, at-risk communities through the mobilization of community partners to address these issues. Nineteen Historically Black Colleges and Universities (HBCU's) partner with community organizations to support the academic and career development of those who are at risk; improve the quality of life; and reduce the potential of violent behavior activity of those residents who live in the impoverished communities which surround many of the college campuses. In FY 1997, approximately 2,540 youth participated in structured violence prevention programs.

Prevention of Cancer in Minority Populations

FY 1997 - \$250,000

FY 1998 - \$250,000

In FY 1995, a three-year cooperative agreement was awarded to Albert Einstein Medical Center in Philadelphia, PA, to develop a model community-based cancer outreach program for African American, Asian American, and Hispanic/Latino populations in high-risk, low income, urban communities. This outreach effort encompasses a five zip code area in North Philadelphia. The program provides cancer-related health education and screening for breast, cervical and prostate cancer, and a case management and clinical pathways system to ensure that individuals with abnormal screenings receive appropriate treatment and support.

In FY 1998, OMH entered into a three-year renewal with Albert Einstein Medical Center to continue support for the Cancer Awareness and Prevention Program in North Philadelphia. This continued support will enable the Albert Einstein Medical Center to enhance the program's existing educational, screening, and continuity of care activities to promote early detection, prevention and treatment. The project's activities will be expanded to include colorectal and oral cancer and the outreach effort will be expanded to include a total of seven zip code areas in North Philadelphia.

- **OMH Funded Umbrella Cooperative Agreements**

In FY 1997 and FY 1998, OMH awarded 22 cooperative agreements to assist organizations to expand and enhance health promotion, disease prevention, health advocacy, and health services research opportunities with the ultimate goal of improving the health status of

minorities and disadvantaged people. All but three of these agreements have five-year project periods. The agreements establish broad programmatic frameworks under which specific projects are identified and funded. Funding for these cooperative agreements is provided by a variety of Federal agencies and OMH. A list of all OMH cooperative agreements is provided in APPENDIX 4.

Asian and Pacific Islander American Health Forum (APIAHF)

FY 1997 - \$195,000

FY 1998 - \$100,000

Through this cooperative agreement, two telecommunication systems are being established: an on-line National Asian and Pacific Islander Information Network and an on-line "ListServ" service.

- *National Asian and Pacific Islander Health Information Network (APIHIN)* is a national on-line telecommunications system which expands and enhances information dissemination. The APIHIN initially established four Community Access Points (CAPs) within California to act as intermediaries of information to the Asian and Pacific Islander American (APIA) communities. The CAPs have been replaced by local community contractor (LCC) organizations. LCCs are community based organizations that determine the best ways for their communities to utilize internet services and the kinds of health information sharing most appropriate. LCCs will include information linkages with OMH Resource Center and other information dissemination sites.

- *APIAHF's ListServ Service* is an on-line service which provides for a web site and two electronic mailing lists (one closed) which serve as an information and referral point for individuals and organizations that provide alcohol abuse, substance abuse and mental health services in and to the APIA communities. A brochure was developed and disseminated nationally to inform the APIA and the health care provider communities about APIAHF's on-line capabilities.

Association of Asian Pacific Community Health Organizations (AAPCHO)

FY 1997 - \$217,752

FY 1998 - \$395,000

- *Expanding a National Information Infrastructure for Asians and Pacific Islanders* focuses on developing the communications and information dissemination capacity of AAPCHO and its member health organizations, and expanding linkages with government agencies and other health care facilities that serve Asian and Pacific Islander populations. Internet information sites are being identified and provided to member organizations to assist with their daily efforts to provide comprehensive, community-based health care to the target population. This project is currently improving a web site that will increase AAPCHO's capacity to provide timely information, advice and support to its member community health organizations regarding the delivery of primary health care to the target population in the United States and its territories.

- *Promoting Health Care Access to Rural and Isolated Asian/Pacific Islanders* identifies emerging but isolated Asian American and Pacific Islander communities and develops a strategy to link these communities to culturally and linguistically appropriate health care services. Links between health care providers, who serve newer and less established AAPI communities, to already existing resources in historically established AAPI communities will be promoted and/or improved.
- *National Asian Pacific Islander American Diabetes Initiative* provides support to define appropriate strategies that effectively engage members of the Asian American and Pacific Islander communities in planning for the National Diabetes Education Program.
- *Building Healthy AAPI Communities to Implement the AAPI Initiative at the Community Level:* The goal for the project is to engage AAPI communities in need identification and strategic planning for improving health and human services for their populations. Local and regional meetings were organized to discuss needs and develop a strategic planning process, share information to raise awareness of the AAPI initiative and government programs, and prepare and distribute reports and updates to the AAPI communities.
- *Capacity Building*

Capacity Building in the AAPI Community: The goal of this project is to build AAPI community capacity to become involved in community participatory research and clinical trials.

Activities include convening an advisory committee, conducting a needs assessment, and pilot testing strategies for raising awareness among community members, academic researchers and health professionals for assuring representation in clinical trials and research studies.

Aspira Association, Inc.

FY 1997 - \$20,000

- ***National Mentoring Program for Hispanic Health Care Professionals***
The mentoring program is designed to increase the number of Hispanics choosing careers in the fields of substance abuse and mental health services.

Hispanic Association of Colleges and Universities (HACU)

FY 1998 - \$927,050

- ***The Hispanic Association of Colleges and Universities National Internship Program***

The goal of this project is to provide internship opportunities for Hispanic students in the Federal sector. The program exposes talented college students to challenging professional and educational experiences across Federal agencies and especially at DHHS. This is a comprehensive program that offers interns ten-week work assignments within a Federal agency, stipend, travel, housing assistance and enrichment activities.

- ***Capacity Building***

The purpose of the HACU Faculty Fellows Program is to increase the capacity of selected full-time faculty and/or research associates serving at HSIs to participate in Federal, state, and private-sector scientific health-related research endeavors. Through participation and direct involvement in workshops, conferences, and other activities, this program will build individual capacities of selected faculty members and strengthen the Offices of Sponsored Research and Programs of HSIs. The main objectives of the program are:

- To develop a cadre of Hispanic faculty that can serve as campus entrepreneurs in the areas of scientific and health-related research;
- To enhance the knowledge base and provide first hand experience in federal grantsmanship for targeted Hispanic Serving Institutions (HSI) faculty; and
- To strengthen the capacity of Offices of Sponsored Research and Programs of HSIs.

- ***Hispanic Serving Institutions Capacities Database Project***

The goal of this project is to examine the relationship between the National Institutes of Health (NIH) and HSIs and Hispanic Serving Health Professions Schools (HSHPS) which will result in more opportunities for Hispanics to participate in NIH programs. The objectives to the project are: (1) identify NIH programs which can benefit Hispanics; (2) develop a database on

capacities of HSIs which can be shared and accessed by NIH; (3) develop specific recommendations for joint project collaborations between NIH, HSIs, and HSHPPSs.

Interamerican College of Physicians and Surgeons (ICPS)

FY 1997 - \$240,700

FY 1998 - \$327,600

- ***National Hispanic Youth Initiative in Health, Biomedical Research and Policy Development*** encourages, motivates and prepares Hispanic high school students to remain in the academic pipeline and to pursue careers in the health professions (including science and biomedical research). Through this initiative, the students are provided with an opportunity to learn about the various careers in health-related fields. This youth initiative consisted of two nine-day summer sessions held in 1997 and 1998 in Washington, D.C. where students visited health, academic and political institutions, and participated in discussions on health care issues, scientific research, demography of the Hispanic population, health legislation, public policy, and transitioning into college. In 1997, 155 nationally selected incoming 10th and 11th graders and graduating seniors, representing 19 States, the District of Columbia and Puerto Rico, participated in this program. During the 1998 sessions, 83 high school students were selected from 16 States and Puerto Rico to participate.
- ***Consortium of Hispanic Health Care Providers*** supports a meeting to identify strategies/methods for improving the Hispanic population's access to culturally competent mental health and

substance abuse prevention and treatment services. Participants include Hispanic health care providers, Hispanic Serving Health Professional Institutions, community-based organizations, and Hispanic community grassroots leadership.

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

FY 1998 - \$265,000

- ***Needs Assessment***

The first project supports a small-scale needs assessment to identify gaps in substance abuse and mental health services for AAPI communities in the United States, and the capacity of AAPI community organizations to provide these services. NAPAFASA will survey 30 to 40 AAPI community based organizations in 11 States with significant AAPI populations.
- ***Pacific Island Collaborating Initiative***

This project fosters a collaborative network among various government and non-government organizations working in the six U.S. Associated Pacific Island jurisdictions (American Samoa, Guam, Republic of Palau, Commonwealth of Northern Mariana Islands, Federated States of Micronesia and the Republic of the Marshall Islands.) The project will address substance abuse and mental health service training for health care providers, build capacity for epidemiologic surveillance in alcohol and drug abuse, and identify gaps and service priorities in substance abuse and mental health services in each jurisdiction.

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

FY 1997 - \$625,000

FY 1998 - \$180,000

- ***Proyecto Informar Training and Technical Assistance Network*** (PITTAN) serves as a training and technical assistance center on cultural competency for community-based organizations serving Hispanics. The goals of PITTAN are to understand the cultural competency training needs of health care providers and institutions serving Hispanic communities as well as increase their cultural and linguistic competency, and to develop an infrastructure which will certify and set standards for cultural and linguistic competency in health. Activities conducted under this cooperative agreement include: increasing the number of health organizations represented on COSSMHO's National Advisory Committee; increasing the number of project training sites to ensure geographic and ethnic diversity of the Hispanic community nationwide; completing the needs and technical assistance assessment instruments, revising the Proyecto Informar training curriculum; updating a list of Spanish language materials for training use; initiating a procedure for establishing a training certification process; and collecting materials on cross-cultural training and linguistic competency as well as evaluating and addressing gaps in resources.

In FY1997, PITTAN conducted a total of twenty-five Proyecto Informar training sessions. Approximately 500 health care professionals attended at

least one of these training sessions. Participants included health care administrators, health educators, nurses, nutritionists, psychologists, physicians, social workers, students, support staff, and teachers. In FY 1998, sixteen *Proyecto Informar* training sessions were held. Approximately 200 health care professionals attended these sessions.

- ***National Hispanic Prenatal Hotline*** established a national hotline to provide individualized, culturally/linguistically appropriate information regarding prenatal care to Hispanic consumers in the United States and Puerto Rico. Through a newly established database, individuals can access culturally appropriate written information on prenatal care and health care providers are able to access information on how to provide culturally and linguistically appropriate prenatal care services. In FY 1997, approximately 2,597 callers received services through the hotline. In FY 1998, more than 3,300 callers received services through the hotline.
- ***Building a Healthy National Hispanic Community by Outreach Program - Strategic Plan***

To ensure that the Hispanic Agenda for Action (HAA) received the widest possible review, and to ensure that all Department of Health and Human Services (DHHS) regions conducted activities in support of the HAA, Secretary Shalala called for a National Hispanic Health Symposium to precede the Hispanic Heritage Month celebration in 1997.

The National Hispanic Health Symposium, "Building a Healthy

Nation,” was convened by DHHS and COSSMHO on September 11-13, 1997 in Los Angeles, California. The meeting brought together over 500 DHHS officials and Hispanic community-based leaders to address the health care needs of Hispanic customers, discuss health care delivery program models, and to develop regional action plans. The level of community and Federal participation in the symposium represented a landmark in DHHS’ history of Hispanic initiatives. The report from this symposium resulted in a series of region-specific recommendations to guide the implementation of the DHHS Hispanic Agenda for Action. Regions are currently developing a process for updating the recommendations and setting priorities and time frames for their implementation. To date, eight of the ten regions have held official meetings with community-based organizations. The other two regions are in process of planning their meetings.

- ***Building Positive Self Esteem in Hispanic Girls Public Awareness/Education Campaign (Girl Power)***

The OMH, in collaboration with SAMHSA, is supporting a project to identify and assess the psycho-social factors and conditions that contribute to engagement of Hispanic girls in high risk health behaviors. The project findings will be used to develop a culturally and linguistically appropriate public awareness campaign that targets young Hispanic females against high risk behaviors.

- ***Brownfields Project***

The OMH, in collaboration with the Agency of Toxic Substances and Disease Registry (ATSDR), is supporting a project entitled: “For the 21st Century: The Hispanic Community Agenda on Brownfields.” The goal of the project is to develop and disseminate a National Hispanic Community Agenda on Brownfields. This specific project will produce a literature review on Brownfields and related health effects and culminate in an agenda-setting meeting to be held in Detroit in July 1999. This ground-breaking event will bring together the various stakeholders to mount a comprehensive examination of Brownfields in Hispanic communities. Brownfields are abandoned, idled or under-used industrial and commercial facilities, many of which are located in low-income, minority communities. The project is consistent with the resident’s call for a national partnership on Brownfields.

National Council of La Raza (NCLR)

FY 1997 - \$475,000
FY 1998 - \$238,000

- ***Hispanic Health Liaison Project*** is designed to increase the Hispanic awareness of health issues; increase the extent and quality of health education, prevention, and promotion of activities targeting Hispanics; improve Hispanic access to health services; and enable Hispanic community-based organizations to play an expanded role in preventive health efforts.

In FY 1997, primary activities conducted to achieve the objectives of

this initiative included: development and dissemination of disease-specific fact sheets to affiliates and health network members; preparation and pilot testing of the lay health educator's training guide and associated training with NCLR's affiliated and health network members; establishment of an electronic and communications network infrastructure to retrieve and disseminate current, Hispanic health-related information.

Training sessions have been conducted around the country on breast and cervical cancer, cardiovascular disease, managed care, healthy lifestyles, asthma, diabetes and chronic obstructive pulmonary disease. Four medical news columns have been designed to educate the general Hispanic population - "The Shadow of Diabetes," "My First Butt," "Hispanic Women's Health," and "Self-Help and Over-The-Counter Medications." Information guides have been completed on breast and cervical cancer, healthy lifestyles, asthma, and chronic obstructive pulmonary disease (COPD).

In FY 1997, the *Latino-Focused National Diabetes Education Program* was funded to reduce the burden of diabetes among Latinos by mobilizing a cadre of local/regional Latino leaders in key cities with large Hispanic populations. Latino leaders attended a series of workshops designed to identify and assess the concerns of Latinos about diabetes as well as develop the leadership capacity of these Latino leaders to assist in the implementation of the program.

- In FY 1998, *Latino Children's Health Initiative* will promote knowledge and awareness about health insurance coverage in the Latino community thus increasing the participation of Latino children in the State Children's Health Insurance (CHIP) Program in five targeted States - Arizona, California, Illinois, New York and Texas.

National Hispanic Medical Association

FY 1998 - \$24,000

- *NHMA Research Network Orientation and Opportunity Meeting*

This cooperative agreement supported a two-day orientation meeting at the National Institutes of Health for a delegation of 20 Hispanic medical faculty and non-physician researchers. The orientation provided the opportunity to learn about NIH research programs and research opportunities for their membership.

National Latino Children's Institute

FY 1998 - \$18,000

- *La Promesa Programs*

This project developed a portfolio of community programs (La Promesa Programs) which promote the healthy development of Latino youth and their families.

National Medical Association (NMA)

FY 1997 - \$495,000

FY 1998 - \$255,000

- ***Increasing Participation of Minorities in Clinical Trials***

From 1932 to 1972, the U.S. Public Health Service supported the Tuskegee Syphilis Study. Its legacy, and other social and political factors, have influenced the low participation by African Americans in clinical trials, and in the reluctance of many African Americans to seek routine preventive care. The historical record indicates that this mistrust of the medical profession is deeply rooted and predates the revelations of the Tuskegee Syphilis Study. OMH and NMA, in collaboration with the National Institutes of Health (NIH) and the NIH Clinical Center, is increasing the knowledge of African American physicians and patients about medical research and clinical trials. Through the NMA's network of national, regional, and local affiliates, basic information and educational materials will be developed, presented through seminars and workshops, and disseminated to physicians and patients on the objectives, nature, need, procedures, and pitfalls of clinical trials. Professional educational opportunities, including scientific sessions at the NMA Annual Convention and Scientific Assembly were held. This project places emphasis on the need to increase the number of African Americans participating in medical research and clinical trials.

- ***Mazique Symposium***

These annual symposia focus on cutting edge issues that impact the practice of medicine and reflects the pressing health concerns of the African American community. The symposia topics include: Theoretical Models and Frameworks for Conceptualizing Black and Minority Health; Issues in Research Methodology Measurement and Evaluation; New Research in Psychosocial and Behavioral Factors in Minority Health; Issues Around Developing a Health Care Agenda For The 21st Century: Science, Service and the Business of Practice-Based Research; African Americans in Clinical Trials; and Increasing Participation of Minorities in Clinical Trials.

Policy implications relative to changes in the legislation which impact health care and health care delivery-- Medicaid/Medicare, managed care; legal considerations for minority providers; and models which bridge the gaps in health care are also issues addressed at the symposium.

In 1997, the symposium was held in Honolulu, Hawaii and attended by approximately 100 individuals. In 1998, more than 300 individuals attended the symposium held in New Orleans, Louisiana.

Minority Health Professions Foundation (MHPF)

FY 1997 - \$5,013,585

FY 1998 - \$6,789,000

- ***Meharry Research and Demonstration Project*** focuses on the integration of

health delivery systems in a historically underserved community. The goal of this project is to establish economically viable, high-quality primary care for the medically indigent, while reducing the use of in-patient services, emergency rooms and other facility-dependent, high technology modalities. To achieve this goal, the Meharry Medical College, in conjunction with private entities, worked toward: (1) implementing a plan to merge public and academic medical facilities into a smaller, primary care oriented unit; (2) developing a clinical record-keeping and billing information network system linking the public, academic, and private health care delivery systems; (3) planning and providing managed care services to underserved populations and evaluating the effectiveness of those services; and 4) planning and providing pre- and post-doctoral education programs pertinent to the delivery and evaluation of managed care services to indigent populations.

- ***Meharry Medical College Health Professions Development Program*** is developing a cadre of health professionals who will return to underserved communities to practice and is maintaining and strengthening a relevant college curriculum that will prepare health professionals for practice in underserved minority communities. This project also develops a formal linkage with the local health care delivery system to ensure that Meharry medical students are applying theoretical classroom knowledge in practicum settings.
- ***Minority Health Profession Foundation Managed Care Project-*** Managed care and other structural

changes in the health care market are causing profound changes in health care delivery and health services education, particularly medical education. The effect is especially acute among minority medical schools. The OMH is continuing to sponsor this effort to assist minority health care institutions, specifically members of the Association of Minority Health Professions Schools (AMHPS), to succeed in the face of these changes. This project is addressing the critical public policy need for well-trained health care providers and clinical and basic biomedical researchers who are committed to the health care needs of minorities and other medically underserved populations. This project aims to improve the AMHPS' understanding of the requirements for success, improve operating efficiency, increase competitiveness and strengthen the base of financial support, significantly reduce vulnerability to variations in public support, and help define the public policy value of the AMHPS medical school members.

- ***Mississippi Delta Environmental Health Project***

The Mississippi Delta Environmental Health Project is designed to identify and address environmental and other factors that negatively impact human health status in the Mississippi Delta Region. Phase I of the project focused on the development of profiles addressing demographics, health problems and associated health status, and the identification of health care providers and environmental services in the region. Phase II focuses on the identification and implementation of intervention strategies to address the

problems.

- ***Telecommunications Project***

Together with the National Library of Medicine, OMH is working with the Minority Health Professions Foundation to establish a Public Health Training and Resource Center. MHPF will create a telehealth network involving the AMHPS and HBCU Offices of Sponsored Program Institutions (HBCU/OSP). The project will allow HBCU/OSP institutions the opportunity to build telehealth capability. For AMHPS institutions, the project allows access to more diverse research opportunities, especially community-oriented research and unparalleled exposure to large pools of minority undergraduate students early in their college careers.

- ***12th Annual Symposium on Career Opportunities in Biomedical Sciences***

This symposium is conducted yearly to increase the awareness of biomedical science careers among minority high school and college underclassmen and to motivate them to pursue careers in biomedical sciences. The symposium attracted over 600 youth from across the country in FY 1998.

- ***OSP Training***

In collaboration with CDC and HCFA, OMH is sponsoring a unique capacity building and infrastructure development program with thirteen institutions. The intent of the Foundation's Historically Black Colleges and Universities (HBCUs) Office of Sponsored Programs Training Initiative was to strengthen the capacity of 13

participating HBCUs to: (1) attract and retain funding for biomedical and services research and other sponsored programs and (2) provide institutions with recognized credibility in post-award management and institutional compliance.

All participating schools planned, developed, and implemented Leadership Conferences as vehicles for participants to share with their faculty and other administrators key elements for successfully developing and managing sponsored programs.

The HBCU-OSP Training Initiative formally culminated during the Foundation's Strategic Planning Workshop in November 1998 in Atlanta, Georgia.

National Association for Equal Opportunity in Higher Education

FY 1997 - \$172,000

FY 1998 - \$933,141

- ***National African American Youth Initiative in Health Policy and Development Scholars Program***

This project is a collaborative effort with the Auxiliary to the NMA (ANMA), Howard University, and the National Association for Equal Opportunity in Higher Education, and is aimed at encouraging, motivating and preparing African American youth to remain in the academic pipeline and to pursue jobs and careers in scientific and health fields.

This initiative emphasizes health promotion and disease prevention through attitudinal and behavioral change. Approximately 180

nationally selected 10th, 11th, and 12th grade high school students, participated in ten-day programs in the Washington metropolitan area in June 1997 and June 1998. Upon return to their local communities, students were linked with NMA physicians and other appropriate NMA affiliate members within their community, who continue to serve as mentors and role models.

- ***DHHS Internship Program***

This project gives students from Historically Black Colleges and Universities (HBCUs) practical first-hand experience with public health programs and agencies. This ten-week Internship Program is for undergraduate and graduate students in health related fields. Twenty-one student participants were assigned to internships in agencies in the U.S. Department of Health and Human Services, (DHHS). Three students were accepted for full-time civil service employment.

- ***Youth-Based HIV/AIDS and STD Prevention and Skills Building Conference***

The conference is an annual event sponsored by 100 Black Men of America, Inc. The conference attracts African American leaders from across the country whose objectives and organizational missions are to address relevant issues including HIV/AIDS at the local level. A goal of the 1998 conference was to increase awareness among leaders in the African American community of the approaches to addressing HIV/AIDS and STDs and to share model programs and effective public health practices that are culturally specific and appropriate. During the June 10-14, 1998 conference

in New Orleans, the OMH supported a conference workshop attended by over 100 participants which specifically addressed prevention activities associated with HIV/AIDS/STDs and other related diseases and behaviors that put African American youth at risk for unexpected disease burden.

Association of American Indian Physicians (AAIP)

FY 1997 - \$288,000

FY 1998 - \$290,900

- ***National Native American Youth Initiative (NNAYI)***

The goal of this project is to increase the number of American Indian/Alaska Native (AI/AN) youth entering biomedical and allied health careers and encourage students to consider future career opportunities with DHHS. The project assisted 25 Native American high school students in 1997 and 28 students in 1998 to remain in school. NNAYI also encouraged students to pursue post-secondary education and enroll in an academic curriculum that will lead to a degree in biomedical sciences or an allied health care profession. NNAYI emphasized youth empowerment, leadership, academic and personal growth and community involvement.

- ***1st Annual Community Conference***

This conference was held on September 2, 1998 to: (1) increase the awareness of health issues faced by American Indian/Alaska Native women such as breast cancer, heart disease, alcoholism, diabetes, mental health, HIV/AIDS and other diseases; (2) build lay and

professional networks within Indian communities; (3) demonstrate the preventive value of traditional lifestyles; (4) promote education and wellness in AI/AN female youth; (5) promote positive interactions between mother and child; and (6) serve as a model for other Indian communities in establishing future conferences on women's health issues. Approximately 100 people attended the conference.

- ***Annual Professional Meeting of AAIP***

This conference was held on July 21-26, 1998 to increase the awareness and knowledge of AI/AN physicians and allied health care providers on health information, health education, prevention, and promotion activities and direct services targeting AI/AN. It focused on major health problems affecting AI/AN such as breast cancer, heart disease, alcoholism, diabetes, mental health, HIV/AIDS and other diseases. Approximately 250 people attended.

- ***Indian Health Network***

This project enables AI/AN tribal and community-based organizations (CBO) to play an increased role in preventive health and in direct health care service delivery. AI/AN physicians and allied health care providers delivered health promotion materials and disease-specific training to AI/AN lay health educators working at the front lines of the health care service delivery system.

The AAIP has developed "The Native American Health Information Service" an on-line computer service that provides better access and linkage mechanisms to tribes, tribal

organizations, Tribal Colleges and Universities, urban Indian health programs, national and private Indian organizations, and Federal, State and local governments.

American Indian Higher Education Consortium (AIHEC)

FY 1998: \$536,830

This cooperative agreement established a mechanism through which the DHHS OPDIVs/STAFFDIVs can provide fiscal and programmatic support to the 30 U.S. Tribal Colleges and Universities.

- ***Tribal Colleges and Universities Information Summit***

This project is a three-day Conference and Business Exposition in January 1999 that will assist DHHS in the development of a five-year plan required by Executive Order 13021. It will allow DHHS and the Tribal Colleges to exchange information on respective programs, curriculums, funding opportunities and other needs. The plan is intended to (1) provide for long-term access and involvement of TCUs in the delivery of health care to AI/AN populations; (2) increase the availability of responses to the needs of the Tribal Colleges and, (3) encourage students to consider future career opportunities with DHHS.

- ***Capacity Building***

This project is intended to help: (1) attract and retain funding for biomedical and health sciences research and other sponsored programs; (2) provide AI/AN institutions with recognized credibility in pre-award and post-award grant

management and institutional compliance; and (3) strengthen curricula and research experiences. A DHHS Liaison/Capacity Building Coordinator will be established to facilitate the coordination of technical assistance activities to selected AI/AN institutions.

Components of this activity include: (1) research and laboratory enhancements; (2) faculty development; (3) the establishment of offices of sponsored programs and the establishment of information systems; (4) institutional collaborations and partnerships; (5) strategic planning and program evaluation; and (6) areas of special interest such as traditional medicine.

- ***HHS Internship Program***

This project establishes scholarship opportunities for Tribal College students to participate in eight-week summer internships at DHHS agencies. In 1998, seven students participated in a six-credit course on Tribal Issues and Native Studies through the American University, were matched with a local Native American sponsor, and attended cultural and social activities. The goals of the program are to increase the students' knowledge of the Department, encourage students to pursue a career in the health professions, consider future employment with DHHS, and gain professional and technical skills.

National Minority AIDS Council

FY 1997 - \$217,000

FY 1998 - \$327,288

The National Minority AIDS Council is the only national organization that specifically addresses the HIV-related needs of Blacks, Hispanics, American Indians/Alaska Natives,

and Asians and Pacific Islanders.

- ***Addressing AIDS in Minority Populations***

Activities included under this project are:

- Development of a national campaign to educate racial/ethnic populations about the latest medical treatments (e.g., protease inhibitors) for people with HIV, including educating medical professionals, case managers and people with HIV so that they too, may have access to potential life saving and prolonging medications; and

- Co-sponsorship of the U.S. Conference on AIDS in both 1997 and 1998, including the hosting of two seminars by OMH.

- ***Trinational Collaboration***

In collaboration with the Office on Women's Health and the Office of HIV/AIDS Policy, OMH is providing support for completion of the report entitled "Declaration of Rights of People Living with HIV." The document will be a final product of the Trinational Collaboration which includes the United States, Canada and Mexico and will reflect the work of the official representatives of people living with HIV participating in the Trinational Collaboration.

MEMORANDA OF UNDERSTANDING/ AGREEMENT (MOU/MOA)

The OMH collaborates with other offices and agencies to conduct initiatives to improve the health status and quality of life for racial and ethnic populations through the use of the memorandum of understanding/agreement mechanism.

1. Minority Training Institute

FY 1997 - \$25,000

The OMH supported the Group Health Foundation's Minority Training Program through an agreement with the Health Resources and Services Administration. This program is an innovative educational program designed to prepare minority individuals to meet the growing need for minority middle managers and administrators in the managed health care field. The goal is to provide a source of much needed practical experience and knowledge of the managed care industry.

Each year-long training program consists of an orientation followed by one 12-month or two six-month rotations in an HMO designed to provide broad exposure to all operations and to match each fellow's career interests. These on-the-job experiences are augmented with a comprehensive learning enrichment program which draws upon industry experts and faculty from The Johns Hopkins University School of Hygiene and Public Health.

2. National Health Interview Survey

FY 1998 - \$75,000

The OMH is partially supporting the disease prevention and health promotion questionnaire included in the National Health Interview Survey conducted by the National Center for Health Statistics.

3. National Association of Hispanic-Serving Health Professions Schools

FY 1997 - \$100,000

FY 1998 - \$100,000

The National Association of Hispanic-Serving Health Professions Schools has developed programs to expand the pool of Hispanic health professionals and target health programs to address the health care needs of the rapidly-growing Hispanic population. Funds will also be used to continue support to the Association to expand projects aimed at developing partnerships, networks, and linkages for the organization.

4. Seattle Indian Health Board

FY 1997 - \$200,000

FY 1998 - \$200,000

The Seattle Indian Health Board (SIHB) is promoting the delivery of primary care services to Urban American Indians and Alaska Natives using a culturally appropriate residency training model. SIHB is accredited by the Joint Commission on Accreditation for Health Care Organizations, approved by the Accrediting Council on Graduate Medical Education, a Federally Qualified Health Center, a satellite program of the Provident Hospital Family Practice Residency Program, and an affiliate of the University of Washington School of Medicine which serves the homeless population in the Seattle urban area. SIHB is also one of

34 Urban Indian Health programs funded by IHS under Title V of the Indian Health Care Improvement Act.

SPECIAL INITIATIVES AND OTHER ACTIVITIES

The 1990 Disadvantaged Minority Health Improvement Act (P.L. 101-527) and the Health Professions Education Partnerships Act of 1998 (P.L. 105-392), require the OMH to equitably address each of the four racial/ethnic populations identified in the legislation, including Blacks, Hispanics, American Indians and Alaska Natives, and Asian Americans and Pacific Islanders. Prominent activities of the OMH include leading and staffing White House and Departmental initiatives aimed at improving the ability of educational institutions to serve racial/ethnic minorities. These have been coordinated through the OMH-staffed Departmental Minority Initiatives Coordinating Committee.

Over the last three years, the Department has established an infrastructure for coordinating three minority initiatives governed in whole or in part by Presidential Executive Orders: Historically Black Colleges and Universities, Hispanic Agenda for Action (HAA), and Tribal Colleges and Universities (TCU's). In FY 1998, the Department announced it will undertake, on its own initiative, an action agenda to address health and human service concerns of Asian Americans and Pacific Islanders. Progress has been made in implementing all four initiatives. For example, the HAA Steering Committee which was established in fiscal year 1996, has completed the task of overseeing the development of specific work plans to implement each of the nine points of the action agenda, and these work plans are being implemented by the

individual agencies.

The Department is moving to institutionalize the minority initiatives within operating units of the Department and to improve coordination of issues and activities that crosscut all four initiatives. As a result, the Departmental Minority Initiatives Steering Committee established in October 1998 will provide direction and guidance for all four minority initiatives. The Steering Committee is composed of the heads or deputies of the operating divisions and also includes the Assistant Secretary for Management and Budget, Assistant Secretary for Planning and Evaluation, Assistant Secretary for Health/Surgeon General or their respective deputies, senior representatives from the Executive Secretariat, the Office of Civil Rights, and the Office of General Council.

The Departmental Minority Initiatives Coordinating Committee (DMICC) will continue its coordinating function. The DMICC is composed of senior-level agency staff who report directly to the agency head or deputy. OMH will continue in its lead role in the day-to-day management of the minority initiatives and in providing staff support to the two committees.

In addition to the four minority initiatives OMH has a key role in the coordination of Healthy People and the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health.

1. White House Initiative on Historically Black Colleges and Universities

The OMH has lead responsibility within the Department for managing, coordinating and monitoring activities required under Executive Order 12876 - Historically Black Colleges and Universities (HBCUs). This Executive Order

requires all Federal agencies “to strengthen the capacity of Historically Black Colleges and Universities to provide quality education, and to increase opportunities to participate in and benefit from Federal programs.”

In this capacity, the OMH provides technical assistance to Departmental STAFFDIVs and OPDIVs regarding implementation of the Executive Order, and to HBCUs regarding program activities in which they might participate.

In addition, the OMH has responsibility for ensuring DHHS compliance with the reporting requirements of the Executive Order and coordinates the preparation of all reports. DHHS provided \$152,121,712 in FY 1996 to HBCUs and \$169,058,741 in FY 1997, representing an 11 percent increase. Of those DHHS funds, OMH provided \$14,775,000 to HBCUs in FY 1996 and \$18,653,359 in FY 1997 which includes direct appropriations for HBCUs of \$7.5 million in FY 1996 and \$13.1 million in FY 1997. FY 1998 figures will be reported to the White House Office of Historically Black Colleges and Universities in late spring 1999.

2. White House Initiative on Educational Excellence for Hispanic Americans and Hispanic Agenda for Action

On February 22, 1994, President Clinton signed Executive Order 12900: “Educational Excellence for Hispanic Americans.”

This Executive Order set in motion a process for interagency collaboration to identify and correct the educational system’s shortcomings in serving Hispanic Americans. The Executive Order also required Federal agencies to develop annual implementation plans to meet the requirements of the order. The primary goal is to increase the participation of Hispanic

Americans in federally funded education related programs.

In 1995, OMH was designated to staff the Executive Order for the DHHS which involved coordinating the development of the various OPDIVs/STAFFDIVs plans and compiling a consolidated plan for the DHHS.

In FY 1997, DHHS committed an estimated \$81 million to support Hispanic Serving Institutions and other education related activities. OMH contributed \$2,838,432 million toward this effort.

In FY 1998, approximately \$102,840,613 in total support was provided to Hispanic Serving Institutions (having 25% or more Hispanic students) to conduct a wide variety of activities including service projects, health professions training, biomedical research and development, as well as tutorial assistance, fellowship and scholarships programs. In addition, DHHS plans to provide \$15,056,294 in education-related activities for Hispanic Americans. OMH proposed to commit \$2,534,299 to support this Executive Order.

Also in 1995, the Secretary established a Departmental Working Group on Hispanic Issues (DWGHI) to examine DHHS programs and services to Hispanic Americans. The Working Group was charged with assessing the Department’s service programs and employment patterns for Hispanic Americans. The findings and recommendations of the DWGHI were submitted to the Secretary on July 29, 1996 in a report entitled “Hispanic Agenda for Action: Improving Services to Hispanic Americans (HAA).” On September 18, 1996 the Secretary released the report and launched the Hispanic Agenda for Action (HAA) as a major initiative.

The HAA is a 3-year initiative to enhance DHHS capacity to better serve Hispanic

Americans. The initiative addresses health status and access, educational support, customer service and employment within DHHS. The HAA includes responses to recommendations developed during the June 1993 Surgeon General's National Hispanic/Latino Health Initiative and incorporates the Department's efforts to implement Executive Order 12900 "Educational Excellence for Hispanic Americans." This Departmental effort supports President Clinton's Reinventing Government agenda and the need to ensure that executive branch management practices and operations provide the highest quality service possible to the American people.

The OMH provides staff support to the initiative.

The following is a summary of key accomplishments made by Department agencies in implementing the HAA during FY 1998:

- Provided internship opportunities for 37 student interns attending member institutions of the Hispanic Association of Colleges and Universities.
- HAA Subcommittee developed a "Best Practices Portfolio" for recruiting, training, and employing Hispanics.
- Funded various Hispanic conferences for health promotion and prevention, and outreach purposes.
- Regional meetings held to follow up implementation of recommendations developed at the FY 1997 Hispanic Symposium.
- During FY 1998 OMH planned a National/Latino Customer Services Conference to be held on January 13-14, 1999 in McLean, Virginia. The purpose

of the conference was to move DHHS programs toward the goal of a culturally competent, responsive, and inclusive health and human services delivery system for the Hispanic/Latino community.

- Increased the number of OMH cooperative agreements aimed specifically at Hispanic/ Latino populations to eight.
- The October 1998 issue of *Closing the Gap* featured sixteen pages of activities by DHHS agencies in addressing the HAA. The OMHRC distributed 20,000 copies
- The Office of Civil Rights issued a policy guidance for federally-funded providers to address the needs of Limited-English-Proficient populations. The guidance was a specific outcome of one of the recommendations forwarded as part of the 1993 Surgeon General's National Hispanic/Latino Health Initiative.

3. White House Initiative on Tribal Colleges and Universities

On October 21, 1996, President Clinton signed Executive Order 13021, the Tribal Colleges and Universities (TCUs) Initiative. The initiative aims to increase the Tribal Colleges' access to Federal opportunities, expand their participation in Federal programs, and raise awareness about the important role TCUs have in tribal communities. The order also fosters links between TCUs and both private and non-profit organizations.

On April 29, 1997, DHHS established a Departmental Working Group (DWG) on TCU activities. The working group was required to develop five-year and one-year TCU action plans.

The OMH coordinates TCU activity and chairs monthly meetings of the DWG, which comprise one representative from each of the OPDIVs/STAFFDIVs.

Presently, the DWG is developing a five-year action plan that will: (1) assist in establishing Offices of Sponsored Programs at each college; (2) aid in establishing distance based learning programs; (3) establish community health education centers; (4) facilitate Memorandums of Understanding or collaboration with other Federal departments on behalf of the Tribal Colleges; (5) target annual funding levels based on appropriations to Institutions of Higher Education that take into account health, human services or educational disparities; (6) in compliance with DHHS Consultation Policy, OPDIVs/STAFFDIVs promote consultation with Tribal Colleges on matters that may effect the college or students; and (7) encourage OPDIVs and STAFFDIVs to include the Tribal Colleges in their existing services or programs constituency.

One-year action plans have been developed for FY 1999. Both the DHHS five-year plan and the OPDIV/STAFFDIV one-year action plans will include activities that complement the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health.

Further information about the Tribal Colleges and Universities Initiative is available on the OMH Resource Center's Internet Home Page; in the February 1998 issue of OMH's monthly newsletter, *Closing the Gap*; and by calling OMH Resource Center, (800-444-6472).

Other OMH activities include:

- An umbrella cooperative agreement with the American Indian Higher Education Consortium (AIHEC)

- A working arrangement with Washington Internships for Native Students (WINS) at American University. This arrangement allows the OMH to coordinate and place Tribal College students in DHHS agencies.
- Funding to establish Offices of Sponsored Programs at three of the Tribal Colleges, which will be used to facilitate and expand capacity building.
- Assistance to OPDIVs/STAFFDIVs in delivering 150 surplus computer systems to the Tribal Colleges.
- Funding for a demonstration project between Haskell Indian Nations University and the University of Kansas to move students from an Associate of Arts in Social Work into Bachelor, Master, and Doctor of Social Work programs at Kansas University.
- A June 1998 information sharing and exchange conference on Federal, State, and private resources, sponsored by the OMH, IHS, and United National Indian Tribal Youth.

4. Tribal Consultation

On April 29, 1994, the President signed a memorandum, "Government-to-Government Relations with Native American Tribal Governments," to clarify the Federal Government's responsibility to ensure that it operates within a government-to-government relationship with federally recognized American Indian/Alaska Native tribes.

On May 14, 1998, the President signed Executive Order 13084, which requires regular and meaningful consultation and collaboration with Indian tribal governments.

To better assess and tailor DHHS's resources to the needs of Tribal Colleges in compliance with the DHHS Consultation Policy, DHHS has developed and coordinated a three-part information exchange project. The OMH has implemented the three-phase project as follows:

- February 2, 1998 - Coordinated and hosted a meeting with the Deputy Secretary, OPDIV and STAFFDIV heads and Tribal College presidents. The presidents described academic conditions at their schools and asked for assistance from HHS.

- April 9-12, 1998 - OMH staff discussed the TCU Initiative at the Tribal College Student Congress in Bismarck, ND. The OMH exhibited at the conference and interacted with students.

- January 1999 - DHHS sponsored a Tribal Colleges and Universities Information Summit (a conference and business exposition) in Phoenix, Arizona. The conference offered information exchange, technical assistance, and round table discussions between the TCUs and HHS. The goal was to develop an HHS five-year plan to assist the TCUs. Departmental OPDIVs/STAFFDIVS contributed \$192,000 to help sponsor this business exposition.

The OMH participates in meetings of the White House Domestic Policy Council and represents DHHS on the Domestic Policy Council's Sub-group on Indian Education. OMH has worked with others on the development of a proposed Executive Order for American Indian and Alaska Native Youth.

The OMH actively participates in major AI/AN conferences to provide information on Executive Order 13021 and to notify TCUs of private and public funding opportunities available to them.

5. Asian American and Pacific Islander Initiative

In June 1997, DHHS launched a department-wide Asian American and Pacific Islander (AAPI) Initiative to identify and address the disparities in health status and access to health and human services for AAPI communities. The Initiative will help ensure that DHHS is responsive to the health, mental health, and social service needs of AAPIs and improves their quality of life. Community Coordinators have been identified to facilitate the community consultation process for this Initiative. DHHS recognizes the challenges presented by the great diversity of AAPI communities and key issues, including disproportionate rates of morbidity and mortality among some populations and lack of access to linguistically and culturally appropriate services.

The Initiative was developed from the recommendations generated by AAPI community leaders at two national conferences supported by DHHS, the 1995 National Summit of Asian and Pacific Islander Health Organizational Leaders and the 1996 Pacific Islander and Asian American Research and Training Conference. A Departmental Working Group (DWG) was established in 1997 which developed the framework for the initiative and subsequently the agency implementation plans that comprise the AAPI Action Agenda. The Initiative was announced publicly in September 1997, at the "Voices from the Community" conference, which convened AAPI community groups from across the country. Community meetings about the Initiative continued to be held in 1998 and public comments were initiated by the Department in an effort to gather input that will help DHHS to develop and refine the AAPI Action Agenda.

The Action Agenda addresses access to and utilization of health, mental health and social

services; data; research on AAPI populations; training; AAPIs in the DHHS workforce and participation in DHHS operations; and cross-cutting collaboration to enhance DHHS consumer services to AAPIs.

6. Healthy People 2000

Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, published in 1979, was the first set of published national health targets. Healthy People 2000, the second and current national prevention initiative represents unprecedented collaboration among government, voluntary and professional organizations, businesses, and individuals. Healthy People's national targets have served as the basis for OMH in monitoring and tracking health status, health risks, and the use of preventive services among racial and ethnic minorities. While moving forward with Healthy People 2010 efforts, OMH and the Department continue to contribute significantly to the Healthy People 2000 goal of reducing health disparities. The Department has developed goals and objectives to strengthen the Healthy People 2000 goal of reducing disparities by setting a goal of "Eliminating Disparities" instead of "Reducing Disparities" and to have the same targets for all Americans. The goal of eliminating racial and ethnic disparities will be one of the cornerstones of Healthy People 2010.

The OMH has been instrumental in all workgroups established to follow up on issues identified during the Healthy People 2000 Progress Reviews.

Progress Reviews

The OMH conducted two successful Healthy People Progress Reviews in 1997 and one in 1998. The Hispanic Progress review on April 29, 1997 was the first review in which Congressional staff were represented. The

Progress Review on Asian Americans and Pacific Islanders was conducted on September 13, 1997 in San Francisco as part of a conference entitled "Voices from the Community" sponsored by the Asian American and Pacific Islander American Health Forum. This was the first progress review conducted outside of the Washington, D.C. area and the first to be videotaped for broadcast to a wider audience. The Black American progress review held on October 26, 1998 was the first to include a member of the House of Representatives, Congressman Louis Stokes, as a panelist. The progress review was telecast from Howard University in Washington, D.C. to more than 3,000 individuals at HBCUs, State Offices of Minority Health, and other organizations. The Progress Review was broadcast through more than 215 downlink sites in 42 States.

- ***Hispanic Americans***

On April 29, 1997, the Deputy Secretary and the Acting Assistant Secretary for Health jointly chaired the second review of progress on subobjectives for Hispanic Americans. The progress review was organized around three themes: improving Hispanic data, development of Healthy People 2010, and improving access to quality health care. During the review the Deputy Secretary shared information on the DHHS Hispanic Agenda for Action.

- ***Asian Americans and Pacific Islanders***

The second Healthy People 2000 Progress Review on sub-objectives for Asian Americans and Pacific Islanders was held on September 13, 1997. The progress review was organized around three themes: improving data, increasing access to and utilization of preventive health services, and the development of Healthy People 2010 objectives.

- ***Black Americans***

On October 26, 1998, a Progress Review on Black Americans was held. The theme of the review was "Seeking Health Equity in the New Millennium: Bold Goals/Expanded Partnership." Key issues and questions discussed during the review included: (1) factors affecting the health status of Black Americans; (2) changes needed in the health care delivery system to eliminate the disparities and improve health among Black Americans; and (3) what institutions, organizations, individuals, and expanded partnerships can do to eliminate the health disparities for Black Americans.

7. **DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health**

As part of his Initiative on Race, the President has made the elimination of disparities in health outcomes for racial and ethnic minorities in this country a national priority. Six health priority areas have been targeted by the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health:

- infant mortality,
- cancer screening and management,
- cardiovascular disease,
- diabetes,
- HIV infection/AIDS, and
- immunizations (child and adult).

The President proposed a five-year \$400 million prevention program and a new public awareness campaign for 1999 - - \$50 million each year for existing successful public health programs and \$30 million each year for a new demonstration program to expand and adapt proven public health strategies to better reach minority populations. Congress appropriated \$10 million for FY 1999 to support the initial planning phase of the Centers for Disease

Control and Prevention Community Demonstration Grant Program. Also, as part of the Initiative, HHS and Grantmakers In Health, a coalition of more than 160 philanthropic organizations, co-sponsored a national leadership conference on eliminating disparities in September 1998. The conference focused on building and sustaining partnerships to improve minority health. The Assistant Secretary for Health and Surgeon General, David Satcher, M.D., Ph.D., and Assistant Secretary for Planning and Evaluation, Office of the Secretary, DHHS, Margaret Hamburg, M.D. are co-chairs for this Initiative.

OMH input into the HHS Initiative to Eliminate Racial and Ethnic Disparities in Health has been as follows:

- Assisted the President's Initiative on Race in identifying best practices which were included in the Advisory Council's Report to the President;
- Helped identify the six health focus areas for the Department's Initiative, and consulted with national minority and community-based organizations in the selection of the six focus areas;
- Served on the six health focus area workgroups (infant mortality, cancer, cardiovascular diseases, diabetes, immunization, HIV/AIDS) and the data workgroup;
- Reviewed postings for the Web site, chartbook for the June 1998 meeting on "Race and Health," in Boston, Massachusetts, Council of Economic Advisors' Chartbook, Grantmakers In Health Chartbook, and draft reports from work groups; and
- Assisted in planning and outreach for DHHS briefing of community groups in

February, 1998, the President's radio address on the Initiative, the June 1998 meeting on "Race and Health," and the September 1998 National Leadership Conference with Grantmakers In Health.

8. Center for Linguistic and Cultural Competence in Health Care

The Center for Linguistic and Cultural Competence in Health Care (CLCCHC) is a response to P.L. 101-527, which requires the OMH to develop the capacity of health care professionals to address the cultural and linguistic barriers to health care delivery and increase limited English-speaking individuals' access to health care. Additionally, the law directs the OMH to support research, demonstrations and evaluations to test new and innovative models aimed at increasing knowledge and providing a clearer understanding of health risk factors and successful prevention intervention strategies for minority populations.

Congress encouraged OMH to establish a center to develop and evaluate models, conduct research, and provide technical assistance to providers on removing language barriers to health care services. During FY 1995, OMH established the Center for Linguistic and Cultural Competency in Health Care (CLCCHC), a "center without walls," which encompasses all existing and new policy, partnering, communications, service demonstrations and evaluation activities related to cultural competency.

During FY 1997 and FY 1998, OMH launched the following projects to support the overall mission of the CLCCHC.

National Association of County and City Health Officials (NACCHO)

Through a Centers for Disease Control and Prevention cooperative agreement, OMH provided support to NACCHO to conduct a survey of local health departments to acquire baseline data on county efforts to provide linguistically and culturally appropriate community health promotion programs to address racial/ ethnic health disparities.

The New York Academy of Medicine/Resources for Cross Cultural Health Care

In October 1998, OMH along with the New York Academy of Medicine and the Resources for Cross-Cultural Health Care, co-sponsored the first National Conference on Quality Care for Culturally Diverse Populations. The conference was held in New York City and was attended by approximately 400 health care managers, health care executives, health professionals in practice and education, consumers from diverse communities, and individuals concerned with quality improvement policy and research. Moreover, the conference addressed cultural competence in the context of quality assurance, cost-effectiveness, patient outcomes, and patient retention. OMH also supported a workshop by the Center for Advancement of Health to develop a research agenda to address cultural competency measurement and linkages to patient and health outcomes.

HAA DHHS-wide Cultural Competency Workgroup

A DHHS-wide Cultural Competency Workgroup, operating under the auspices of the Hispanic Agenda for Action, is establishing an action plan on cultural competency issues which will be shared with those working on other Departmental minority health initiatives.

Cross-cultural Curriculum Development in Medicine Conference

The OMH provided support to a Cross-cultural Curriculum Development in Medicine Conference, co-sponsored by the Stanford University School of Medicine and the University of California at Davis School of Medicine, Centers of Excellence. The conference was held in November 1996 in San Francisco, California.

Development of Spanish Language Health Promotion Commercial Television Programs Targeting the Hispanic Community

In collaboration with Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, OMH launched the development of Spanish language health promotion commercial television programs to target the Hispanic community. These programs will be broadcast in FY 1999 through Univision, a major Spanish language television company.

Building Partnerships with Health Maintenance Organizations: Developing A Culturally and Linguistically Competent Marketing Project for Latino Consumers

Support is being provided to the Latino Coalition for a Healthy California to develop a culturally and linguistically competent marketing program in partnership with a selected number of health maintenance organizations.

Development of Five Monographs Addressing Cultural Competency Service Delivery Issues

The OMH co-funded with HRSA and SAMHSA the development of five monographs addressing cultural competency service delivery issues. The monographs are titled:

- “ *Hispanic/Latino Family Approach to Substance Abuse Prevention (reprint),*”

- “*Developing Cultural Competence in Evaluation of Substance Abuse Prevention for Asian and Pacific Islander Communities,*”

- “*Developing Cultural Competence in Evaluation of Substance Abuse Prevention for African American Communities,*”

- “*Diversity Issues Among Native Americans,*” and

- “*Diversity Issues Among Pacific Islanders.*”

Consejos: A Primer on Overcoming Barriers to Health Care and Services for the Latino Community

The OMH is providing support to L & M Associates to develop a primer on practitioners to target the Latino community overcoming barriers to health care for the Latino community. Case studies will be highlighted to show practical approaches which can be used by health practitioners to target the Latino community.

State Partnerships:

The purpose of these projects is to assist the State offices of minority health to develop or expand the existing infrastructure to address the public health needs of racial/ethnic minorities and/or undertake special projects to address emerging health-related issues impacting minority communities. Other State-focused activities are presented under the section entitled Minority Health Network.

Alabama: English-to-Spanish Interpreter Training

The purpose of this project is to develop and offer English-to-Spanish medical interpreter training in the public and private sectors. Satellite technology will be used to train interpreters across the State.

California: Organized California Department of Health Services Efforts in the Area of Cultural Competency

The purpose of this project is to organize and increase the awareness of the California Department of Health Services Office of Multicultural Health's efforts in the area of cultural competency. The project will enhance the Office of Multicultural Health's web-page capability to link with existing multicultural resources and health contacts throughout the State.

Georgia: Master Change Through the Development of Culturally Competent Public Health Professionals

The purpose of this project is to develop a culturally competent health professions mentoring and leadership program for nurses. A key component of this project will consist of developing necessary knowledge-based skills that reflect the cultural values of diverse patients in order to provide culturally appropriate clinical services.

Virginia: Linguistically and Culturally Managed Care Services

The purpose of this project is to improve access to health services for non/limited English-speaking minorities through the development of linguistically and culturally appropriate standards for commercial and public managed care contracts.

9. Presidential Fatherhood Initiative

The DHHS Presidential Fatherhood Work Group was established in 1995 to review every policy, program, and initiative to assure that they promote meaningful roles for fathers in families. The OMH is a member of the DHHS Fathers Work Group.

In response to the President's request, OMH participated in the development of a report entitled Fathering: The Man and the Family which outlined DHHS strategy to implement a more comprehensive and integrated approach to involve more men in the lives of their children. With leadership from the Deputy Secretary, DHHS is building on its previous efforts to strengthen fatherhood activity within the Department. Efforts include: (1) institutionalizing father involvement in DHHS programs and research activities, (2) initiating crosscutting policy development on such issues as funding, employment, and health care, and (3) enhancing the visibility of responsible fatherhood through contacts with external groups and the media.

10. Managed Care Activities

The OMH has activated its Network to assure appropriate and broad dissemination of proposed HCFA regulations on Medicaid managed care, as well as analyses of the possible impact of the proposed changes on racial ethnic minorities who are Medicaid beneficiaries. OMH has also been involved in other major changes in health care delivery.

Child Health Insurance Program Activities

The passage of the Balanced Budget Act of 1997 brought about major changes in the delivery of health services through DHHS programs including most notably, establishment of the State Children's Health Insurance Program (CHIP). CHIP was enacted as Title

XXI of the Social Security Act, to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children. Racial and ethnic minority children are disproportionately represented among ten million children under 18 with no health insurance.

Upon the January 1998 effective date of CHIP, OMH embarked on an information-sharing effort both internally and externally. Partnering with HRSA, co-chair of the DHHS CHIP implementation task force, OMH distributed information to Regional Minority Health Consultants and State Minority Health entities and alerted them to scheduled regional field hearings.

As review and approval of plans commenced, OMH conducted a study of the outreach sections from a sample of early-approved CHIP applications. These State plans were examined for their attention to cultural and linguistic competency in outreach plans. Study findings pointed to the need for States to enhance their efforts in reaching out to racial and ethnic minorities and for plans to include sustained outreach beyond initial enrollment activities. As of October 1998, more than 43 States and Territories have received approval of their CHIP plans.

The OMH was represented on the working group on special populations for the Interagency Task Force on Children's Health Outreach and assured that the recommendations developed for the Report to the President were appropriate and that they adequately addressed the issue of cultural and linguistic competence. OMH provided the Task Force, which included representatives from DHHS, Department of Housing and Urban Development, U.S. Department of Agriculture, and the Bureau of Indian Affairs, a detailed analysis of barriers affecting racial and ethnic minority populations in addressing children's health services. In

addition, OMH provided the task force information on its partnerships with national minority organizations and on model community-based programs. These were identified as potential channels for disseminating information on eligibility for both CHIP and Medicaid to families of uninsured children.

Minority Health Professions Foundation Managed Care Project

Managed care and other structural changes in the health care market are causing profound changes in health care delivery and health services education, particularly medical education. The effect is especially acute among minority medical schools. As such, OMH is continuing sponsorship of an effort being conducted by the Minority Health Professions Foundation. This managed care project will continue to assist minority health care institutions, specifically members of the Association of Minority Health Professions Schools, to succeed in the face of these changes. The project is addressing the critical public policy need for well-trained care providers and clinical and basic biomedical researchers committed to the health care needs of minorities and other medically underserved populations. The project is intended to provide urgent and strategic action to help reverse the at-risk state of these institutions by providing strategic analysis, action plan development and support for institution redesign and implementation for AMHPS schools. The successful outcome of the project will be institutions with a better understanding of the requirements for success, improved operating efficiency, greater competitiveness, a strengthened base of financial support, and significantly reduced vulnerability to variations in public support.

Consumer Information

The OMH has identified a need to improve the information on managed care which currently is being provided to minority consumers. The need to educate minorities, especially those with unique linguistic and cultural needs, is among OMH's current priorities. For example, OMH, through its cooperative agreement with the Association of Asian Pacific Community Health Organizations, has supported the development of brochures on Medicaid managed care geared to Asian and Pacific Islander consumers in States currently implementing Medicaid 1115 and 1915(b) waivers which mandate enrollment in managed care.

11. Report to the Secretary on HIV/AIDS in Racial and Ethnic Communities

The Office of Minority Health, has facilitated and coordinated the development of the Report to the Secretary on HIV/AIDS in Racial and Ethnic Communities. This report is a direct outgrowth of several Departmental HIV/AIDS related activities, including: the 1994 National Minority AIDS Congress: "Breaking Barriers, Building Bridges," the 1996 National Skills Building Conference on Race/Ethnic Institutes, and the 1997 U.S. Conference on AIDS Race/Ethnic Institutes, each detailed in OMH's last Report to Congress. The Report addresses areas such as epidemiology/data, funding, evaluation, inclusion/representation, cultural competency, technical assistance needs of minority organizations, behavioral research, information dissemination, and standards of care.

The OMH will be responsible for presenting this report to the Secretary and each of the public health agencies within the Department. During the 1998 U.S. Conference on AIDS, OMH discussed development of the Report to

the Secretary on HIV/AIDS in Racial and Ethnic Communities and requested that the expert working group revise the report to take full advantage of the substantial funding appropriated by Congress for HIV/AIDS activities in FY 1999. The revised report was submitted to the Secretary in February 1999.

DATA POLICY ACTIVITIES

The collection, analysis and reporting of statistical information are essential to the assessment of trends in morbidity and mortality in a given population or sub-population. Significant gaps in knowledge still exist regarding the health status, quality of life and related risk factors for racial and ethnic minority populations.

Lack of data may: 1) prevent the establishment of baselines and sub-objectives when determining health improvement targets; 2) affect funding decisions due to the inability to substantiate a health condition or its impact on certain populations; and 3) hinder the ability to determine whether improvements are occurring.

Lack of data places policy makers at risk of making inappropriate decisions that reflect a lack of understanding of the true risk factors and the mechanisms behind the increased burden of disease and death.

Most importantly, lack of data can result in a lack of needed attention to health care problems of racial and ethnic populations that threaten those groups and the health of the Nation as a whole.

The OMH continues to provide leadership and advocacy for improving data collection and analysis, monitoring of the health status and

health disparities, and the effects of initiatives and interventions. The OMH serves as staff to the OPHS representative to the DHHS Data Council, co-chairs the DHHS Data Council Working Group on Racial and Ethnic Data and staffs the Subcommittee on Populations of the National Committee on Vital and Health Statistics.

For the past five years, OMH has served on Office of Management and Budget's (OMB's) Interagency Committee for the Review of Standards for Racial and Ethnic Data and its Research Working Group. The OMH chaired the research workgroup which developed a policy paper on using only the combined format (one question) to collect information on race and Hispanic origin. In October 1997, the OMB announced its decision regarding revision. The new standards have five minimum categories on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino." The OMH also serves on the Procedures Work Group of OMB's guidelines Development Team which is tasked with developing guidelines for the Federal implementation of the revised standards.

The OMH sees data collection, analysis and reporting as a key activity in strengthening the public health infrastructure and has undertaken numerous activities in FY 1997 and FY 1998 which serve to enhance the data capabilities of policy makers, funders, and program developers.

Office of Management and Budget

The OMH provided technical assistance to the OMB during the review of Directive No. 15 -- The Federal Standards for Racial and Ethnic Data. For two decades, it provided the basis for virtually all of the data and statistics on racial

and ethnic populations developed by Federal agencies. Its revision is to be implemented by Federal agencies by January of 2003.

In FY 1997 and FY 1998 OMH served on OMB's Administrative Records Guidelines Development Work Group to develop Federal guidelines to implement new Federal standards for racial and ethnic data released by OMB in October 1997.

State Legislation

The OMH continues to use State minority health entities and OMH regional consultants to monitor the consideration by State of legislation to establish a multiracial category. The OMH and the regional consultants assist Federal and State health departments in analyzing the potential impact that such legislation may have on racial and ethnic populations, (e.g., impact on Federal funding formulas, data concerns). State legislation requiring the use of a stand-alone multiracial category on all forms and applications used by the States has been passed in Georgia, Indiana, Michigan and Maryland (subsequently vetoed by the Governor of Maryland). Several other States have considered similar legislation.

DHHS Data Council's Working Group on Racial and Ethnic Data

The OMH co-chairs the principal internal advisory body to the Secretary on policy, planning, standard, and coordination issues related to racial and ethnic data -- the DHHS Data Council's Working Group on Racial and Ethnic Data.

The Working Group's charge is to coordinate DHHS input into the OMB Directive 15 review and guidelines development process and monitor implementation of previous recommendations to improve racial and ethnic data (e.g., Secretary's Task Force on Black and

Minority Health, the PHS Task Force on Minority Health Data and the Surgeon General's Hispanic/Latino Health Initiative). The OMH was instrumental in the development of the HHS Policy on the Inclusion of Racial and Ethnic Data in HHS Data Collection and Reporting Activities. While many HHS data collection systems do include data on race and ethnicity, not all did so and there was no clear policy prior to the implementation of the inclusion policy. At the recommendation of the HHS Data Council, on October 24, 1997, the Secretary issued the policy which affirmed the HHS commitment to the appropriate inclusion of data on minority groups in HHS research, services, and related activities. The policy requires that racial and ethnic data be collected by DHHS-Sponsored Data Systems with few exceptions.

During FY 1998, the Working Group is updating and expanding the 1995 DHHS Inventory on Health Data Systems to monitor implementation of the inclusion policy and improve knowledge and access to these data systems by researchers, policymakers and the public. In addition, the Working Group has been tasked with the development of a long-term plan to improve racial and ethnic data within the Department.

Subcommittee on Populations of the National Committee on Vital and Health Statistics

The OMH staffs the principal external advisory body to the Secretary on racial and ethnic data - the Subcommittee on Populations of the National Committee on Vital and Health Statistics. This Subcommittee replaced the Subcommittee on Health Statistics for Minority and Other Special Populations which was established by the National Committee on Vital and Health Statistics in 1986 after the Secretary's Task Force on Black and Minority Health noted the inadequacy of data on

minority populations and identified a need to improve and fully use available sources of data. Through OMH's participation, the Subcommittee has studied the data needs for Puerto Rico, U.S. Virgin Islands, and U.S. Pacific Islands and provided input to the review of OMB Directive No. 15 and Healthy People 2010.

Health United States

The OMH's comments during clearance of DHHS and PHS reports such as Health United States, have resulted in an overall increase in the amount of minority health data presented, as well as an improvement in the presentation. Health United States is the annual report on the health status of the Nation submitted by the Secretary of DHHS to the President and Congress in compliance with section 308 of the PHS Act.

Since Health United States is often used as the main reference on the health status of Americans, these improvements increase the visibility of minority health problems to policy makers and legislators across the country.

EVALUATION ACTIVITIES

OMH Evaluation Strategy and Priorities

Under the Government Performance and Results Act (GPRA) and the DHHS Secretary's Continuous Improvement Program, it is more important than ever for Departmental entities to evaluate the extent to which their initiatives, programs, and activities have provided a return for the public's investment in health and human services and whether they have been effective in improving the health of the Nation. Also, OMH is required by P.L. 101-527 to provide a report summarizing evaluation efforts

undertaken by OMH of programs and activities funded by OMH.

The OMH views evaluation as an integral component of its mandate. The Office is committed to evaluation as a means to better inform policy, programmatic, and budgetary decision-making related to its mission. OMH leadership and program managers have strongly encouraged the incorporation of an evaluative component in all OMH programmatic activities, especially those supported through demonstration grants and cooperative agreements. Furthermore, by applying for and using funds provided through the one-percent evaluation set-aside authority, OMH is attempting to better leverage resources to support evaluations of other aspects of program operations and, more recently, of larger and more crosscutting evaluation efforts. The results of such efforts have utility to OMH, members of the Minority Health Network, and racial/ethnic minority communities.

Current Efforts

With strengthened evaluation planning and policy development roles within OMH's Division of Policy and Data, measures have been taken to include in its evaluation plans efforts that not only address OMH-funded programs or internal operations and management, but also projects that are--in accordance with OPHS requirements-- more "crosscutting" in nature. Such efforts involve issues and aspects of health care that are of interest and concern not only to the initiating office/agency (in this case, OMH), but to other DHHS entities who may be willing and able to collaborate on project management, funding, and implementation. From an OMH perspective, of course, these projects must also have clear and practical application to racial/ethnic minority populations and/or those who serve them.

The OMH evaluation projects implemented and/or completed in FYs 1997 and 1998 are as follows:

Completed Projects

Evaluation of the Cooperative Agreements for Demonstration Projects for Capacity Building at HBCUs: The purpose of the Historically Black Colleges and Universities (HBCUs) Capacity Building Program was to increase the involvement of HBCUs in health and social service programs funded by DHHS and other Federal agencies. The program was based on the hypothesis that HBCUs could compete more effectively when they had fully functional offices of sponsored programs and adopted uniform processes. This study was initiated by OMH in FY 1996 to address a series of evaluative questions regarding the appropriateness of program processes and the extent of observable impacts of the program on the four participating HBCUs. It also assessed how well the program has achieved increased funding for health-related research and training at the institutions, and how effectively it has enhanced current research, training, and services. The evaluation found that grant funds and technical assistance achieved many program aims, including development of a functioning office of sponsored programs at each site, resulting in more structured and uniform procedures for obtaining and managing externally sponsored programs. Many desired outcomes, such as increased proposal submissions and awards, were achieved initially by all and sustained by half of the institutions studied. The study concluded that enhanced administrative infrastructure is essential to capacity building, but notes that investments in programmatic infrastructure, such as facilities, equipment, and personnel, are required as well.

Study of the Implementation of OMH Bilingual/Bicultural Service Demonstration Grant Program: This evaluation was a two-stage review of the effectiveness and efficacy of OMH's Bilingual/ Bicultural Service Demonstration Grant Program, a community-focused grants program aimed at increasing access to services for limited English-speaking populations (LEP). Evaluation questions addressed such issues as the ability of the program to build capacity, increase health professional skills to address cultural and linguistic barriers, and increase knowledge of LEP minorities about the health care system and access to care. Findings included the following: In more than half of the projects, capacity building was continued beyond OMH funding; organizational policies such as required staff training and integration of cultural competency were adopted in many cases; many projects demonstrated success in moving LEP individuals into health care through provision of enabling services such as interpreter and case management services; more than 5,000 health providers participated in training which documented changes in attitudes and knowledge about specific cultural circumstances (e.g., refugee experiences); increased awareness of prevention and knowledge of the health care system was identified as one of the strongest impact areas.

Assessment of Culturally and Linguistically Appropriate Community Health Promotion Programs in Local Health Departments: The purpose of this project was to conduct a study of services provided by local health departments (LHDs) to address the health needs of racial and ethnic minority populations within their jurisdictions. Special attention was paid to the provision of culturally and linguistically appropriate community health promotion programs by those LHDs serving racially/ethnically diverse communities as a means of obtaining baseline data needed as a proxy measure for *Healthy People 2000*

objective 8.11. The study found that most LHDs provide some sort of culturally sensitive and linguistically appropriate intervention in the areas of health promotion and preventive services. However, these culturally and linguistically appropriate interventions do not necessarily constitute formal, structured "community health promotion *programs*" and, in any event, fall far below the 50 percent target set in the *Healthy People* objective.

Comparative Analysis of U.S. and U.K. Strategies and Approaches for Addressing Racial/Ethnic Minority Health Concerns in the Respective Countries: This project was designed to support a series of comparative analyses of the efforts aimed at addressing the health needs of racial and ethnic minority populations in the U.S. and the U.K. The aim of the project was to identify best practices and model approaches, to draw upon and share experiences and lessons learned, and to develop an agenda for closer health services collaboration in meeting the health needs of racial and ethnic minority populations. Some of the most notable crosscutting findings and observations included, but were not limited to: 1) having universal health care coverage and ensuring financing, as does the U.K., are not enough to adequately and accurately address the health care needs of racial and ethnic minority populations; 2) policies, such as *Healthy People 2000* in the U.S. and *Health of the Nation* in England, must actively and substantively seek, develop, and include the voices of non-governmental entities, especially the communities and grass-roots sectors, if ownership and responsibility for implementation of these policies are to extend beyond the government and be meaningful to the populations such policies are purportedly designed to serve; 3) health systems largely designed to serve homogeneous White populations in both the U.S. and U.K. need to be modified to provide culturally and linguistically appropriate health care in order to

improve access to and utilization of services to racially and ethnically diverse communities; 4) staff training and development at all levels must be informed by the particular requirements of racial and ethnic minority communities in their service jurisdictions; 5) changes in the curricula of medical and health professions schools are required to promote cultural competency in health care; and 6) while the link between behavior and health status is well-documented and well-known, a strong research agenda needs to be developed and implemented regarding *how* to maintain and promote behaviors that are conducive to good health and to minimize or change behaviors that are detrimental.

Ongoing Projects

Evaluation of the OMH Resource Center:

This project exemplifies OMH's commitment to examining other aspects of its own program operations and management in order to improve program performance and effectiveness. This project is in its second of three phases--the survey implementation phase. This phase will be followed by the results analysis phase. Results of this effort are intended to inform OMH leadership and program managers regarding the effectiveness of the OMH Resource Center to: 1) contribute to the OMH mission; 2) meet goals and objectives and carry out functions and responsibilities of the Resource Center; and 3) address needs of potential and actual users.

A National Assessment of Culturally and Linguistically Appropriate Services (CLAS) in Managed Care Organizations (MCOs) Serving Racially and Ethnically Diverse Communities: This study is intended to provide a "snapshot" of the nature and extent of CLAS in a random sample of MCOs across the country. The purpose of the project is three-fold: 1) to clearly define the state of the art regarding what constitutes CLAS--and its

respective domains and elements--in the context of health care delivery; 2) to develop an assessment instrument/questionnaire which reflects this state of the art and which, in its implementation, informs and educates respondents about CLAS; and 3) to establish solid baseline data for CLAS-related components intended to advance access to and quality of health care for diverse populations in such efforts as the *Healthy People 2010* initiative, the Secretary's initiative on health care quality improvement, the Department's initiative to eliminate racial and ethnic health disparities, and minority health initiatives.

Support for the Development of a Research Agenda to Address Issues of Cultural Competency Measurement and Linkages to Patient and Health Outcomes: This project is intended to address the complexity and difficulty of defining as well as measuring cultural competency in health care--a less discrete, less tangible, and more diffuse, but not necessarily less important--dimension of health care quality than others that are more measurable (such as the provision of childhood immunizations, mammograms, or beta-blockers following a heart attack). This project includes: a review and analysis of the literature related to identifying and measuring cultural competency and linking measures to outcomes; the development of practice standards based on current literature and best practice; the formulation of a research agenda to strengthen and expand the science base for driving policy and programmatic action on cultural competency, the dissemination of these draft products for further input at the Quality Health Care for Culturally Diverse Populations in October 1998; and the subsequent refinement and finalization of these products in early FY 1999.

Data Analysis and Support for the President's Initiative on Race: This project is identifying data sources and data elements for

detailed univariate and multivariate analyses, and conducting these analyses to understand the persistent health disparities for racial and ethnic minorities. These analyses will particularly focus on potential areas of discrimination or differential access to services. Support will also be given to evaluation of data from the National Health Interview Survey on reporting more than one race, evaluation of race reporting on death certificates, and evaluation of denominator errors for death rates. Results of these analyses have been incorporated into several chartbooks produced for the President's Initiative on Race, and an upcoming report from the National Academy of Sciences on race and health. Findings from the evaluation of data from the National Health Interview Survey is being used by the Office of Management and Budget to develop guidelines for implementation of the new Federal standards for racial and ethnic data.

Assessment of State Minority Health

Infrastructure and Capacity to Address

Issues of Health Disparity: This project will examine the nature and extent of the minority health infrastructure within State public health agencies, determine those factors that contribute to or detract from establishment and sustained support for such entities, and assess the viability of and effects on State capacity to address the needs of racial and ethnic minorities in carrying out the essential services of public health and issues of disparities in health status and risks to health.

APPENDIX 1

Disadvantaged Minority Health Improvement Act of 1990 P.L. 101-527

Sec. 2. ESTABLISHMENT OF OFFICE OF MINORITY HEALTH

Title XVII of the Public Health Service Act (42 U.S.C. 300 et seq.) is amended by adding at the end the following new section:

“ESTABLISHMENT OF THE OFFICE OF MINORITY HEALTH”

“Sec. 1707. (a) IN GENERAL. -- There is established an Office of Minority Health within the Office of the Assistant Secretary for Health. There shall be in the Department of Health and Human Services a Deputy Assistant Secretary for Minority Health, who shall be the head of the Office of Minority Health. The Secretary, acting through such Deputy Assistant Secretary, shall carry out this section.

“(B) DUTIES. -- The Secretary shall, with respect to the health concerns of individuals from disadvantage backgrounds, including racial and ethnic minorities --

“(1) established short-range and long-range goals and objectives and coordinate all other activities within the Department of Health and Human Services that relate to disease prevention, health promotion, service delivery and research concerning such individuals;

“(2) enter into interagency agreements with other agencies of the Service to increase the participation of such individuals in health service and promotion programs;

“(3) establish a national minority health resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance);

“(4) support research, demonstrations and evaluations to test new and innovative models, to increase the knowledge and understanding of health risk factors, and to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including racial and ethnic minorities;

“(5) coordinate efforts to promote minority health programs and policies in the voluntary and corporate sector;

“(6) develop health information and health promotion materials and teaching programs, including --

- “(a) models for the training of health professionals;
- “(b) model curriculum to be used in primary and secondary schools and institution of higher learning;
- “(c) materials and programs for the continuing education of health professions;
- “(d) materials for public service use by the print and broadcast media;
- “(e) materials and programs to assist health care professionals in providing health education to their patients; and

“(7) assist providers of primary health care and preventive health services in obtaining, with respect to the provision of such care and services, the assistance of bilingual health professionals and other bilingual individuals (including such assistance in the provision of services regarding maternal and child health, nutrition, mental health, an substance abuse).

“(C) CERTAIN REQUIREMENTS REGARDING DUTIES. --

“(1) EQUITABLE ALLOCATION OF SERVICES. -- In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitable allocated among all groups served under this section by the Secretary.

“(2) APPROPRIATE CONTEXT OF SERVICE. -- In carrying out subsection (b), the Secretary shall ensure that information and services provided under such subsection are provided in the language and cultural context that is most appropriate for the individuals for whom the information and services are intended.

“(3) BILINGUAL ASSISTANCE REGARDING HEALTH CARE. -- In carrying out subsection (b), the Secretary shall give special consideration to the unique linguistic needs of health care providers serving Asians, and American Samoans and other Pacific Islanders, including such needs regarding particular sub-populations of such groups.

“(D) GRANTS AND CONTRACT REGARDING DUTIES. --

“(1) AUTHORITY. -- In carrying out subsection (b), the Secretary may make grants, to, and enter into cooperative agreements and contracts with, public and nonprofit private entities.

“(2) EVALUATION AND DISSEMINATION. --

“(a) The Secretary shall, directly or through contract with public and private entities, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as (a) result of such projects.

“(b) Not later than January 20 of fiscal year 1993 and of each second year thereafter, the Secretary shall prepare a report summarizing evaluations carried out under subparagraph (a) during the preceding 2 fiscal years. The report shall be included in the report required in subsection (e) for the fiscal year involved.

“(E) REPORTS. -- Not later than January 31 of fiscal year 1993 and of each second year thereafter, the Secretary shall submit to the Congress a report describing the activities carried out under this section during the preceding 2 fiscal years.

“(F) FUNDING. --

“(1) AUTHORIZATION OF APPROPRIATIONS. -- For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of the fiscal year 1991 through 1993.

“(2) ALLOCATION OF FUNDS BY SECRETARY. -- Of the amounts appropriated under paragraph (1) in excess of \$15,000,000, the Secretary shall make available not less than \$3,000,000 to carry out subsection (b)(7).”.

APPENDIX 2

Health Professions Education Partnership Act of 1998 P.L. 105-392

TITLE II--OFFICE OF MINORITY HEALTH

“SEC. 201. REVISION AND EXTENSION OF PROGRAMS OF OFFICE OF MINORITY HEALTH.

“(a) **DUTIES AND REQUIREMENTS.** -- Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended by striking subsection (b) and all that follows and inserting the following:

“(b) **DUTIES.** -- With respect to improving the health of racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary for Minority Health (in this section referred to as the “Deputy Assistant Secretary”), shall carry out the following:

“(1) Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals. The heads of each of the agencies of the Service shall consult with the Deputy Assistant Secretary to ensure the coordination of such activities.

“(2) Enter into interagency agreements with other agencies of the Public Health Service.

“(3) Support research, demonstrations and evaluations to test new and innovative models.

“(4) Increase knowledge and understanding of health risk factors.

“(5) Develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups.

“(6) Ensure that the National Center for Health Statistics collects data on the health status of each minority group.

“(7) With respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.

“(8) Support a national minority health resource center to carry out the following:

“(A) Facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care.

“(B) Facilitate access to such information.

“(C) Assist in the analysis of issues and problems relating to such matters.

“(D) Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance).

“(9) Carry out programs to improve access to health care services for individuals with limited proficiency in speaking the English language. Activities under the preceding sentence shall include developing and evaluating model projects.

“(c) ADVISORY COMMITTEE. –

“(1) IN GENERAL. -- The Secretary shall establish an advisory committee to be known as the Advisory Committee on Minority Health (in this subsection referred to as the “Committee”).

“(2) DUTIES. -- The Committee shall provide advice to the Deputy Assistant Secretary carrying out this section, including advice on the development of goals and specific program activities under paragraphs (1) through (9) of subsection (b) for each racial and ethnic minority group.

“(3) CHAIR. -- The chairperson of the Committee shall be selected by the Secretary from among the members of the voting members of the Committee. The term of office of the chairperson shall be 2 years.

“(4) COMPOSITION. --

“(A) The Committee shall be composed of 12 voting members appointed in accordance with subparagraph (B), and nonvoting, ex officio members designated in subparagraph (C).

“(B) The voting members of the Committee shall be appointed by the Secretary from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. The racial and ethnic minority groups shall be equally represented among such members.

“(C) The nonvoting, ex officio members of the Committee shall be such officials of the Department of Health and Human Services as the Secretary determines to be appropriate.

“(5) TERMS. -- Each member of the Committee shall serve for a term of 4 years, except that the Secretary shall initially appoint a portion of the members to terms of 1 year, 2 years, and 3 years.

“(6) VACANCIES. -- If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.

“(7) COMPENSATION. -- Members of the Committee who are officers or employees of the United States shall serve without compensation. Members of the Committee who are not officers or employees of the United States shall receive compensation, for each day (including travel time) they are engaged in the performance of the functions of the Committee. Such compensation may not be in an amount in excess of the daily equivalent of the annual maximum

rate of basic pay payable under the General Schedule (under title 5, United States Code) for positions above GS-15.

“(d) CERTAIN REQUIREMENTS REGARDING DUTIES. --

“(1) RECOMMENDATIONS REGARDING LANGUAGE AS IMPEDIMENT TO HEALTH CARE. --The Deputy Assistant Secretary for Minority Health shall consult with the Director of the Office of International and Refugee Health, the Director of the Office of Civil Rights, and the Directors of other appropriate Departmental entities regarding recommendations for

carrying out activities under subsection (b)(9).

“(2) EQUITABLE ALLOCATION REGARDING ACTIVITIES. -- In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the Secretary.

“(3) CULTURAL COMPETENCY OF SERVICES. -- The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.

“(e) GRANTS AND CONTRACTS REGARDING DUTIES. --

“(1) IN GENERAL. -- In carrying out subsection (b), the Secretary acting through the Deputy Assistant Secretary may make awards of grants, cooperative agreements, and contracts to public and nonprofit private entities.

“(2) PROCESS FOR MAKING AWARDS. -- The Deputy Assistant Secretary shall ensure that awards under paragraph (1) are made, to the extent practical, only on a competitive basis, and that a grant is awarded for a proposal only if the proposal has been recommended for such an award through a process of peer review.

“(3) EVALUATION AND DISSEMINATION. -- The Deputy Assistant Secretary, directly or through contracts with public and private entities, shall provide for evaluations of projects carried out with awards made under paragraph (1) during the preceding 2 fiscal years. The report shall be included in the report required under subsection (f) for the fiscal year involved.

“(f) REPORTS. --

“(1) IN GENERAL. -- Not later than February 1 of fiscal year 1999 and of each second year thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities carried out under this section during the preceding 2 fiscal years and evaluating the extent to which such activities have been effective in improving the health of racial and ethnic minority groups. Each such report shall include the biennial reports submitted under sections 201(e)(3) and 201(f)(2) for such years by the heads of the Public Health Service agencies.

“(2) AGENCY REPORTS. -- Not later than February 1, 1999, and biennially thereafter, the heads of the Public Health Service agencies shall submit to the Deputy Assistant Secretary a report summarizing the minority health activities of each of the respective agencies.

”(g) DEFINITION. -- For purposes of this section:

”(1) The term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics.

“(2) The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

“(h) FUNDING. --

“(1) AUTHORIZATION OF APPROPRIATIONS. -- For the purpose of carrying out this section, there are authorized to be appropriated \$30,000,000 for fiscal year 1998, such sums as may be necessary for each of the fiscal years 1999 through 2002.”.

(b) AUTHORIZATION FOR NATIONAL CENTER FOR HEALTH STATISTICS. --

Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended--

(1) in subsection (m), by adding at the end the following:

“(4)(A) Subject to subparagraph (B), the Secretary, acting through the Center, shall collect data on Hispanics and major Hispanic subpopulation groups and American Indians, and for developing special area population studies on major Asian American and Pacific Islander populations.

“(B) The provisions of subparagraph (A) shall be effective with respect to a fiscal year only to the extent that funds are appropriated pursuant to paragraph (3) of subsection (n), and only if the amounts appropriated for such fiscal year pursuant to each of paragraphs (1) and (2) of subsection (n) equal or exceed the amounts so appropriated for fiscal year 1997.”;

(2) in subsection (n)(1), by striking “through 1998” and inserting “through 2003”; and

(3) in subsection (n)

(A) in the first sentence of paragraph (2)--

(i) by striking “authorized in subsection (m)” and inserting “authorized in paragraphs (1) through (3) of subsection (m)”;

(ii) by striking “\$5,000,000” and all that follows through the period and inserting “such sums as may be necessary for each of the fiscal years 1999 through 2003.”; and

(B) by adding at the end the following:

“(3) For activities authorized in subsection (m)(4), there are authorized to be appropriated \$1,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.”.

(c) MISCELLANEOUS AMENDMENTS. -- Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended--

(1) in the heading for the section by striking “ESTABLISHMENT OF”; and

(2) in subsection (a), by striking “Office of the Assistant Secretary for Health” and inserting “Office of Public Health and Science”.

APPENDIX 3

Federal Register Notice

On April 11, 1995, a Federal Register notice announcing a reorganization within the Office of Minority Health was published. OMH continues to operate under this notice. Please note that the Office of the Assistant Secretary for Health was reorganized as the Office of Public Health and Science (OPHS) on November 9, 1995. OMH is now part of OPHS.

Public Health Service

Statement of Organization, Function and Delegation of Authority; Office of the Assistant Secretary for Health.

Part H. Public Health Service (PHS), Chapter HA (Office of the Assistant Secretary for Health), of the Statement of Organization, Functions, and Delegation of Authority for the Department of Health and Human Services (DHHS) (42 CFR 61318, December 2, 1977), as amended most recently at 60 FR 8410, February 14, 1995, is amended to reflect functional changes in the Office of Minority Health (OMH), to more accurately reflect its responsibilities and activities.

Office of the Assistant Secretary for Health

Under Chapter HA, Office of the Assistant Secretary for Health, Section HA-20, Functions, following the Statement of the Office of Minority Health (HAM), delete the titles and Statements and substitute the following:

Division of Policy and Data (HAM2): the Division: 1) Develops DHHS-wide strategic plans(s) for minority health programs and activities; (2) develops and coordinates OMH strategic plan; (3) coordinates the development and implementation of PHS plans and special initiatives; (4) analyzes current and prospective Federal activities that affect minority health, and recommends program initiatives to improve the health of minorities; (5) reviews the budget requests of PHS agencies to ensure requirements are adequate and consistent with the Secretary's minority health goals and strategic plans; (6) plans, coordinates and/or conducts studies and evaluations relating to the occurrence of diseases and health problems in minority populations; (7) plans and conducts statistical and data analyses on disease conditions and issues that impact minority populations; (8) coordinate efforts to improve the availability and quality of data on the health status of minority populations; and (9) coordinates evaluations, legislative activities, and reports to the Congress.

Division of Information and Education (HAM3). The Division: (1) Manages minority health information, education and awareness activities, including operation of the Office of Minority Health Resource Center and the electronic Minority Health Network Bulletin Board; (2) collaborates with Federal and non-Federal organizations to develop and implement mechanisms for sharing timely information with minority communities, as well as individuals and organizations conducting research and programs, to improve minority health; (3) manages public information activities and media and

press relations; (4) provides technical assistance to Federal and State agencies for the promotion , development, and conduct of minority health education and promotion programs; (5) manages exhibits and develops visual and other graphic materials for OMH; and (6) coordinates publication clearance of OMH reports and informational materials.

Division of Program Operations (HAM4). In managing demonstration grant programs and cooperative agreements, the Division (1) develops notices announcing the availability of funds; (2) develops program guidelines; (3) develops, coordinates and provides technical assistance to grantees and partners in cooperative agreements; (4) monitors performance of grantees and recipients of cooperative agreements; and (5) coordinates with appropriate PHS agencies/offices and other Federal organizations who are contributing partners to the demonstration grants and cooperative agreements.

Division of Management Operations (HAM5). The Division: (1) plans and directs financial management activities, including budget formulation and execution; (2) works closely with the Division of Program Operations in providing grants management support for OMH grants, cooperative agreements, and interagency agreements, as well as interpreting grants administration policies and provisions; (3) provides technical assistance on grant matters and procedures to internal staff, applicants and grantees; (4) provides liaison on personnel management activities with the OASH personnel office; (5) provides administrative services in support of OMH; and (6) provides support in ADP, word processing and telecommunications equipment and systems for OMH, including operation and maintenance of the Grants Tracking and Information Management System.

Under Chapter HA, Section HA-30, Delegations of Authority, add the following:

All delegations and redelegations of authority to officers and employees of the OMH which were in effect immediately prior to the effective date of this reorganization will be continued in effect in them or their successors, pending further redelegations, provided they are consistent with this reorganization.

Dated: January , 1995

Hal Thompson

Deputy Assistant Secretary for Health Management Operations

(FR Doc. 95-8854 Filed 4-10-95:8:45 am)

BILLING CODE 4150-17-M

APPENDIX 4

OMH Cooperative Agreements FY 1999

Standard Cooperative Agreements

Albert Einstein Medical Center (AEMC)
Central State University (CSU)
Children's Hospital of Philadelphia
Research Foundation of the City University of New York/Health Force

Umbrella Cooperative Agreements

American Indian Higher Education Consortium (AIHEC)
ASPIRA Association, Inc.
Asian Pacific Islander American Health Forum, Inc. (APIAHF)
Association of American Indian Physicians (AAIP)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Congress of National Black Churches (CNBC)
Hispanic Association of Colleges and Universities (HACU)
Hispanic Serving Health Professions Schools (NAHSHPS)
Interamerican College of Physicians and Surgeons (ICPS)
Inter-University Program for Latino Research (IUPLA)
Minority Faculty Development Program/Harvard Medical School (MFDP)
Minority Health Professions Foundation (MHPF)
National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
National Association for Equal Opportunity in Higher Education (NAFEO)
National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
National Council of La Raza (NCLR)
National Hispanic Medical Association (NHMA)
National Hispanic Religious Leaders Partnership (NHRLPCH)
National Latino Children's Institute (NLCI)
National Medical Association (NMA)
National Minority AIDS Council (NMAC)
Public Health Foundation (PHF)
Quality Education for Minorities (QEM)
Summit Health Institute for Research and Education, Inc. (SHIRE)

ATTACHMENT 1

Agency for Health Care Policy and Research

**Agency for Health Care Policy and
Research
Report to Congress**

on

**Minority Health Activities
for
Fiscal Years 1997 and 1998**

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List of Acronyms Used in This Report

AAPI - Asian American and Pacific Islander
AHCPR - Agency for Health Care Policy and Research
AZT - zidovudine
CAHPS - Consumer Assessment of Health Plans Survey
CCFS - Center for Cost and Financing Studies
CODS - Center for Organization and Delivery Studies
COER - Center for Outcomes and Effectiveness Research
CPCR - Center for Primary Care Research
CPTA - Center for Practice and Technology Assessment
CQMI - Center for Quality Measurement and Improvement
DHHS - Department of Health and Human Services
HAA - Hispanic Agenda for Action
HBCU - Historically Black Colleges and Universities
HCSUS - HIV Costs and Service Utilization Study
HCUP - Healthcare Cost and Utilization Project
HIV - human immunodeficiency virus
HRSA - Health Resources and Services Administration
HS - Health Services
HSI - Hispanic Serving Institution
HSR - health services research
MARC - Minority Access to Research Careers
MCO - managed care organization
MEDTEP - Medical Treatment Effectiveness Program
MEPS - Medical Expenditure Panel Survey
MHCC - Minority Health Coordinating Committee
MHP - Minority Health Program
NIH - National Institutes of Health
NMES - National Medical Expenditure Survey
OER - outcomes and effectiveness research
OHCI - Office of Health Care Information
ORREP - Office of Research Review, Education and Policy
PCP - Pneumocystis carinii pneumonia
R01 - code for investigator initiated research project grants
RFA - request for applications
RHDI - Race and Health Disparities Initiative
SBIR - Small Business Innovation Review
TCU - Tribal Colleges and Universities
UCLA - University of California, Los Angeles
UCSF - University of California, San Francisco
UMD - University of Maryland

Foreword

This report identifies activities undertaken by the Agency for Health Care Policy and Research in addressing health issues of, and health disparities experienced, by racial and ethnic minority populations -- 1) American Indians and Alaska Natives, 2) African Americans and blacks, 3) Asian Americans and Pacific Islanders, and 4) Hispanic Americans.

Information in the report is presented as narrative, organized by issues areas identified in the original request: 1) disease prevention and treatment; 2) health information and health promotion; 3) health service delivery and research; 4) supporting educational institutions; 5) workforce and health professions development and training; and 6) access to health care. Additional detail on activities identified in the narrative is provided in Appendix B, for extramural grants (arranged in numerical order by grant number), and in Appendix C for programs, listed alphabetically by program name (e.g., HBCU Initiative, etc.).

Information on AHCPR's Minority Health Program activities prior to FY 1997 is included to provide a context for the subject years FY 1997 and FY 1998. The Report closes with additional information on future directions for AHCPR's Minority Health Program activities in FY 1999 and FY 2000.

January 1999

1. Executive Summary

This report responds to the Health Professions Education Partnerships Act of 1998 in providing a report of minority health activities of the Agency for Health Care Policy and Research (AHCPR) for fiscal years 1997 and 1998.

AHCPR is the lead DHHS agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR develops and disseminates research-based information to increase the scientific knowledge needed to enhance consumer and clinical decisionmaking, improve health care quality, and promote efficiency in the organization of public and private systems of health care delivery. The mission of the Agency for Health Care Policy and Research is to support, conduct, and disseminate research that improves access to care and the outcomes, quality, cost, and utilization of health care services. The research sponsored and conducted by the Agency provides better information that enables better decisions about health care. AHCPR was created specifically to respond to the Nation's need for knowledge about the health care system. The legislation that established the Agency in 1989 states: "The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health care services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services."¹

AHCPR accomplishes its mission through three strategic goals: Support improvements in health outcomes; Strengthen quality measurement and improvement; and Identify strategies to improve access, foster appropriate use, and reduce unnecessary expenditures. Three population groups warrant a special focus from health services research: minorities, women, and children (including adolescents). These are all groups for whom public policy struggles to find effective solutions to improve health care. Health services research has consistently documented the persistent, and at times great, disparities in health status and access to appropriate health care services for certain groups, notably racial and ethnic minorities

AHCPR supports research that contributes to understanding the many disparities identified in the 1985 Secretary's Task Force Report on Black and Minority Health. AHCPR's research strives to develop methods and approaches to improve the organization and delivery of health care services in order to improve the quality of care for racial and ethnic minority populations. Historically, research has focused on decreasing the lack of information regarding these issues and conditions. One of AHCPR's priorities is to shift the focus of health care research to projects which identify reasons for the disparities in order to foster research on developing measures which can help to eliminate them.

AHCPR's Minority Health Program coordinates activities addressing the concerns of racial and ethnic minority populations for the Agency. The Minority Health Program Director chairs the coordinating committee and is the focal point for extramural and intramural activities and Initiatives throughout the Agency. AHCPR has funded numerous grants which have increased the knowledge base in a range of areas. AHCPR has provided continued support for the White House and DHHS Minority Initiatives in spite of budget constraints in certain years. With the introduction of the Race and Health Disparities Initiative, AHCPR is uniquely placed to provide information which the country will need in order to accomplish the ambitious goals of eliminating disparities in the subject issue areas. Through

implementation of its Minority Health Program Strategic Plan, AHCPR plans to continue increasing the knowledge base, supporting training, increasing the participation of minority constituents in AHCPR activities, and disseminating research information to minority consumer and professional organizations.

AHCPR's future initiatives in minority health will be targeted to support the Race and Health Disparities Initiative. In FY 1999, AHCPR will set aside funds to address RHDH issues in selected RFAs. Increased funding is planned for the White House and DHHS Minority Initiatives. In FY 2000, AHCPR will fund an RFA on health services research for minority populations, Minority Health Services Research Centers of Excellence, training of minority and other investigators interested in minority health services research, and AHCPR will support partnerships between health care delivery sites and academic researchers in order to address the specific conditions of the RHDH. By promoting innovation in implementation of research findings and practice-based medicine, AHCPR-funded research will make significant contributions to the elimination of health disparities faced by the nation's racial and ethnic minority populations.

2. Introduction

2.1 Legislative Language Requesting the Minority Health Activities Report

This report is submitted in response to the instruction in Title II of S.1754, The Health Professions Education Partnerships Act of 1998:

'(2) AGENCY REPORTS- Not later than February 1, 1999, and biennially thereafter, the heads of the Public Health Service agencies shall submit to the Deputy Assistant Secretary a report summarizing the minority health activities of each of the respective agencies.

2.2 Authorizing Legislation for AHCPR

The mission of the Agency for Health Care Policy and Research is to support, conduct, and disseminate research that improves access to care and the outcomes, quality, cost, and utilization of health care services. The research sponsored and conducted by the Agency provides better information that enables better decisions about health care. AHCPR was created specifically to respond to the Nation's need for knowledge about the health care system. The legislation that established the Agency in 1989 states:

"The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health care services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services."

AHCPR is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR's broad programs of research bring practical, science-based information to medical practitioners and to consumers and other health care purchasers. As the health services research arm of the Public Health Service, AHCPR works closely with other Federal health agencies.

AHCPR's authorizing legislation identifies "health of ...minority groups" as one of the charges to the Administrator in "undertak[ing] and support[ing] research, demonstration projects, and evaluations..." AHCPR submits this report in compliance with the Congressional request, to demonstrate its progress in fulfilling the mandate of its authorization.

2.3 Agency Description

AHCPR accomplishes its mission through three strategic goals: Support improvements in health outcomes; Strengthen quality measurement and improvement; and Identify strategies to improve access, foster appropriate use, and reduce unnecessary expenditures.

Three population groups warrant a special focus from health services research: minorities, women, and children (including adolescents). These are all groups for which public policy struggles to find effective solutions to improve health care. Health services research consistently has documented the persistent, and at times great, disparities in health status and access to appropriate health care services for certain groups, notably racial and ethnic minorities

Several of the Agency's functional components have responsibilities for activities which benefit racial and ethnic minority populations:

The **Center for Cost and Financing Studies (CCFS)** conducts and supports studies of the cost and financing of health care and develops data sets to support policy and behavioral research and analyses.

The **Center for Organization and Delivery Studies (CODS)** conducts and manages studies of the structure, financing, organization, behavior, and performance of the health care system and providers within it.

The **Center for Outcomes and Effectiveness Research (COER)** conducts and supports studies of the outcomes and effectiveness of diagnostic, therapeutic, and preventive health care services and procedures.

The **Center for Practice and Technology Assessment (CPTA)** directs the Evidence-based Practice Program, consisting of: (1) Evidence-based Practice Centers developing evidence reports and technology assessments; (2) the Internet-based National Guideline Clearinghouse; (3) the U.S. Preventive Services Task Force; and (4) research and evaluation on translating evidence-based findings into clinical practice.

The **Center for Primary Care Research (CPCR)** conducts and supports studies of primary care, and clinical, preventive, and public health policies and systems.

The **Center for Quality Measurement and Improvement (CQMI)** conducts and supports research on the measurement and improvement of the quality of health care, including consumer surveys and satisfaction with health care services and systems.

The **Office of Health Care Information (OHCI)** designs, develops, implements, and manages programs for disseminating the results of Agency activities, including public affairs, information

products, electronic dissemination, reference services, dissemination research, and liaison activities.

The **Office of Research Review, Education, and Policy (ORREP)** directs the scientific review process for grants and Small Business Innovation Research (SBIR) contracts, assigns projects to Agency Centers, manages Agency research training programs, and evaluates scientific contribution of proposed and ongoing research, demonstrations, and evaluations.

3. AHCPR Minority Health Program

3.1 Background

Research on the delivery of health care to racial and ethnic minority populations is one of the identified priorities for the Agency for Health Care Policy and Research (AHCPR). The 1985 Secretary's Task Force Report on Black and Minority Health recognized substantial disparities in morbidity and mortality rates for several diseases and conditions in minority populations compared to the majority population, as well as disparities in the receipt of health care services. AHCPR supports research that contributes to understanding these disparities, and develops methods and approaches to the organization and delivery of health care services to improve the quality of care for racial and ethnic minority populations. AHCPR funds grants in a variety of subject areas and finances a range of projects to address these issues. Historically, research has focused on decreasing the lack of information regarding these issues and conditions. With the increasing awareness of the extent of the disparities, one of the Agency's priorities is to shift the focus of health care research to projects which identify reasons for the disparities in order to develop measures which can help to eliminate them. This report first reviews below some of AHCPR's Minority Health Program activities prior to FY 1997, in order to provide a context for summarizing the activities in FY 1997 and FY 1998.

3.2 Organizational Structure of the Minority Health Program

Since 1991, AHCPR has had a dedicated staff person assigned to coordinating the minority health activities of the Agency. Soon thereafter, an Agency-wide committee was created to facilitate communication and coordination between the Offices and Centers, and advise the Director of AHCPR's Minority Health Program. The Minority Health Coordinating Committee (MHCC) includes one member and one alternate from each Office and Center; a member who is authorized to speak on behalf of the Office or Center Director. The Director of the Minority Health Program (MHP) chairs the MHCC.

As a result of this coordination and collaboration, the MHCC proposed adoption of a **Minority Health Program Strategic Plan** to guide AHCPR's activities for the near future in this important area. The Strategic Plan identifies four goals regarding racial and ethnic minority populations: 1) Expand the knowledge base in health services research; 2) Build capacity to conduct health services research; 3) Increase participation in AHCPR activities; and 4) Disseminate research information to professional and consumer organizations. These broad areas encompass the range of activities which AHCPR undertakes in carrying out its legislative directive regarding minority populations, and are intended to guide the Agency's development of future activities. A copy of the Minority Health Program Strategic Plan may be found at Appendix A.

3.3 Minority Health Program: Dedicated Minority Health Activities Prior to FY97

AHCPR has had two programs dedicated to minority health care research and training. The Minority Supplements Program, which is ongoing, and the MEDTEP (Medical Treatment Effectiveness Program) Research Centers on Minority Populations Program, funding for which sundowned in FY 1997.

The **Minority Supplements Program** was initiated in FY 1991 for the purpose of providing research supplements to currently-funded project grants in order for the Principal Investigator either to expand his/her research into an area which addresses issues concerning minority populations, or to provide a training opportunity for a minority researcher. Through FY 1998, the Minority Supplements Program had allocated \$5.86 million for the training of 101 minority researchers.

The **MEDTEP Research Centers on Minority Populations Program** was created to address discrepancies in health, increase the knowledge base of minority health research, and increase the number of minority health services researchers. This program was initiated in July 1991, with the intention of developing research centers to conduct and support research, to provide technical assistance, to disseminate information, and to train researchers regarding the outcomes and effectiveness of health care services provided to minority populations. The core team within each center was multi-disciplinary. Research questions specifically address the critical patient outcomes issues and clinical conditions that are most pertinent to the minority population group targeted by that Center. Over the course of the program, AHCPR supported the development and management of 11 MEDTEP Centers.

Two types of centers were supported, full and developmental. Full Centers were funded for five years based upon their abilities immediately to undertake research. Developmental Centers were funded for three years and represented new efforts to undertake outcomes research. At the end of the third year, the developmental centers competed for full center status to receive an additional two years of funding. As of result of this competitive process over time, four developmental centers were not continued (Hawaii, New Mexico, Illinois, Meharry). Seven Centers received five years of funding: Harlem Hospital, Henry Ford, Morehouse School of Medicine, University of California - Los Angeles, University of California - San Francisco, University of Maryland, and University of Texas. The Centers were expected to be self sufficient by the end of the project period. In FY 1997, the final year of the program, three Centers received funding: University of California - San Francisco, Henry Ford, and University of Maryland. Through this effort, AHCPR has established a network of teams dedicated to the conduct of outcomes and effectiveness research (OER) and research training for minority populations. Several centers have received research funding from other federal agencies such as the Veterans Administration, and the National Institutes of Health. The trainees who may yet emerge as contributors and leaders in their fields of research may not be identified until sometime in the future.

The MEDTEP Centers have made substantial contributions to advancing outcomes research in minority populations, for example:

- o Researchers at UCSF found that pregnant Latinas were one-fourth as likely, and black women were one-third as likely to undergo amniocentesis and chorionic villus sampling to detect fetal

defects as were white and Asian women, regardless of their occupation and education. Asian women were nearly twice as likely to undergo prenatal testing.²

- o Mexican-American nursing home residents are more functionally disabled than non-Hispanic white residents, chiefly because elderly Mexican Americans are burdened by more chronic and acute medical conditions that impair their ability to function, according to researchers at the Mexican-American Medical Treatment Effectiveness Research Center in San Antonio, TX.³
- o The University of Maryland MEDTEP Center completed a study of African-American urban adolescents showing that parental monitoring (e.g., parents knowing where their adolescent was and with whom) reduced participation in risky behaviors such as cigarette and alcohol use, physical fighting, and sexual activity.⁴
- o Pregnant black women have more than twice the rate of chronic hypertension as women of other races. This may contribute to the greater incidence of low birthweight, preterm deliveries, and infant sickness and death among black women in the U.S.⁵

The MEDTEP Research Centers on Minority Populations Program has been the principal component of AHCPR's support for the White House Executive Orders and DHHS Initiatives regarding Historically Black Colleges and Universities, and the Educational Excellence for Hispanic Americans. Funded MEDTEP Centers at Meharry Medical College, and at Morehouse School of Medicine conducted outcomes and effectiveness research addressing issues for African-American populations. Health issues of Hispanic populations were addressed by MEDTEP Centers at University of Texas, University of California - San Francisco, and University of Illinois.

3.4. Minority Health Program: Additional Minority Health Activities Prior to FY97

AHCPR has funded several extramural research project grants which address a wide range of issues concerning minority populations. As noted earlier, most studies have provided descriptive information on the disparities which exist between minority and majority populations. AHCPR's intention over time is to shift the focus of research activities toward identifying the many types of interventions which will be necessary in order to eliminate gaps in health status and health outcomes for minority populations. Some of the activities funded prior to FY 1997 are summarized below.

In the area of **disease prevention and treatment**, AHCPR has funded several studies which increase the knowledge base of health care research regarding minority populations. Studies have identified risk factors for foot amputation in diabetic Pima Indians,⁶ and the lack of influence of physicians' financial incentives on increasing their screening for cancer prevention of minority women in a Medicaid HMO.⁷ Several studies have noted disparities in the treatment of minority patients: In one project, black patients were found to be less likely than white patients to have received recommended thrombolytic (blood-clot busting) treatment whether or not they had previously suffered a heart attack;⁸ another study found that black patients with coronary heart disease were much less likely than white patients to undergo coronary artery bypass surgery or angioplasty.⁹ A study of cancer patients found that black patients were more likely than white patients to die in the hospital.¹⁰ The investigators also noted that black patients were more likely than white patients to be admitted with more advanced disease, and less likely to undergo major therapeutic procedures than white patients. Such research findings

indicate areas where additional research is needed to eliminate disparities in treatment and gaps in health for minority populations

In the area of **health information and health promotion**, AHCPR's previous guideline activities addressed several health issues of concern to minority populations. AHCPR translated numerous patient brochures into Spanish, and collaborated with the National Asian Pacific Center on Aging and the National Council on Patient Information and Education in translating AHCPR-sponsored consumer pamphlets on topics such as Mammography, Smoking Cessation, and Prescription Medicines into AAPI languages (Chinese, Tagalog, Korean, Laotian, Vietnamese and Cambodian).

In the area of **health service delivery and research**, AHCPR-funded grants have shed light on several of the health issues for which minority populations have experienced disparities. A study of HIV-infected patients found that minority patients with HIV infection were less likely to use outpatient facilities and more likely to be admitted to the hospital and to have longer stays than white patients.¹¹ Various studies of asthma care found that: Black and Hispanic children were less likely than white children to be prescribed nebulizers for home use upon hospital discharge;¹² Compared to other young patients, black adolescent males were more likely to develop, and be hospitalized for, uncontrolled asthma;¹³ and black children in one middle-class community were more likely to have asthma than the white children in the same community even though they all had comparable access to medical care.¹⁴ A study of follow up for abnormal breast mammography determined that minority women received their follow-up studies approximately one week later, on average, than white women.¹⁵ These studies illustrate some of the areas in which improvement in the delivery of health care services could eliminate gaps which minority patients experience.

AHCPR's MEDTEP Research Centers on Minority Populations Program was instrumental in **supporting educational institutions**. As noted above, the Program was initiated in FY 1991, and funded 11 Centers prior to its planned termination in FY 1998. The Centers were expected to be self sufficient by the end of the project period. Through this effort, AHCPR has established a network of teams dedicated to the conduct of outcomes and effectiveness research (OER) and research training for minority populations. Several centers have received research funding from other federal agencies such as the Veterans Administration, and the National Institutes of Health.

AHCPR's institutional support also has benefitted Meharry Medical College, with funding of the Meharry Demonstration Project in collaboration with other DHHS Agencies. This project is part of a memorandum of understanding between Meharry and DHHS, the purpose of which is to "strengthen Meharry's financial, management, health manpower, and service delivery capabilities that are consistent with the purposes, goals and objectives" of DHHS. AHCPR's funding supports a project to develop a Primary Care Model for the medically indigent patients of Meharry Medical College. The project will use a managed care model to develop and implement programs for health outcome measures, information dissemination, curriculum development and evaluation of project activities and outcomes.

In the area of **workforce and health professions development and training**, AHCPR traditionally has had few grants regarding workforce issues, but has several training activities to report. One research grant regarding retention of National Health Service Corps physicians in rural areas found that

minority physicians were more apt to prefer access to urban cultural activities and placed less value on living in a small community or in an area where they had access to outdoor sports such as fishing and skiing.¹⁶ Another study, on continuity of care, found that Latino patients had higher continuity of care than black patients or white patients. All groups had lower continuity of care when seeing specialists than generalists, but Latinos and blacks had less continuity if the provider was of their own race than another race, and white patients had less continuity if the provider was female or black.¹⁷ These studies of racial and ethnic differences and cultural issues may be important in addressing health disparities for minority populations.

Regarding **health professions development and training**, AHCPR has three ongoing programs to provide training in health services research: **National Research Service Award (NRSA)** institutional grants, NRSA postdoctoral individual grants, and **Dissertation Awards**.

The NRSA institutional grants provide funding to eligible institutions to develop research training opportunities for qualified individuals. In helping to ensure that adequate numbers of highly trained individuals are available to carry out the Nation's health services research agenda, one goal of the program is to equip students with the necessary knowledge, skills, and experiences to conduct future research which will meet the needs of patients, providers, health care plans, purchasers, and/or policymakers. The institutions select individuals who have demonstrated an interest in health services research and who seek to prepare for careers in the systematic examination of the organization, provision, and financing of health care services.

AHCPR has worked over time with the institutional grantees to increase their enrollment of minority pre- and post-doctoral trainees in their programs. Of the 472 students participating in the program from 1993 to 1996, 84 (18%) were identified by the Principal Investigators as racial and ethnic minority students.

AHCPR NRSA individual postdoctoral fellowships provide grants to persons for post-doctoral research training. These fellowships provide opportunities for academic training and supervised experience in applying research methods to the systematic evaluation of health services. Information is not available on the number of awards made to minority trainees because of confidentiality restrictions on solicitation of that information.

AHCPR Dissertation Awards are available to support research undertaken as part of an academic program to qualify for a doctoral degree. The dissertation must examine some aspect of the health care system; all requirements for the doctoral degree—other than the dissertation—must be completed by the time of the award. Information on the number of minority students receiving these awards is not available because of confidentiality requirements on information.

As an additional measure, AHCPR developed a **brochure**, which is available in print and on the AHCPR internet website, to increase the interest of minority students in health services research careers. The text of the brochure, **Preparing for a Career in Health Services Research**, may be found at Appendix D.

Regarding **access to health care**, AHCPR-funded research grants have contributed numerous findings documenting disparities for minority populations. In one study, minority patients were found to be one-fourth as likely as white patients to receive organ transplants. A person's ability to obtain a heart or liver transplant was found to involve sociodemographic factors and their ability to pay for the

transplant, in addition to medical criteria. The investigators thought that another issue contributed to minority patients receiving fewer organs: Most organ donors are white, making matching of tissue for minority transplant candidates more problematic.¹⁸ A study of barriers to access to dental services found that poor black, elderly persons within the city were twice as likely to use dental services reimbursed by a Medicare waiver program as their white counterparts. In addition, twice as many black patients as white patients participated in the Medicare waiver program, underscoring the importance of removing financial barriers to care.¹⁹

One additional grant is noteworthy. In FY 1996, AHCPR funded the Association of American Medical Colleges (AAMC) to hold a conference intended to develop an agenda for health services research regarding minority populations. The results of this conference, which was held in July 1997, will be valuable to AHCPR as it broadens its minority health services research initiatives in FY 1999 and 2000.

AHCPR's intramural research activities also have contributed to increasing the knowledge base of health services research on minority populations. One series of survey activities provides valuable information of health care from a national perspective. **The Medical Expenditure Panel Survey (MEPS)**, an ongoing AHCPR survey, is a continuation of The National Medical Expenditure Survey (NMES), which was begun by AHCPR's predecessor, the National Center for Health Services Research. These databases permit monitoring of trends in the population over time. For example, the number of uninsured African Americans increased from 18 to 25 percent between 1977 and 1987, and the uninsured Hispanic population rose from 20 to 35 percent during the same period. By comparison, the increase in the number of non-Hispanic whites without health insurance rose from 12 to 15 percent.²⁰ Additional NMES findings noted that about 78 percent of insured black and Hispanic children have a particular doctor as their usual source of care, compared with only 61 percent of uninsured black and Hispanic children. More than 81 percent of uninsured white children had a usual source of health care.²¹ These historical findings, along with the ongoing MEPS data, will provide insight into the use of health care services as work to eliminate health disparities progresses.

Another important intramural activity is the **Healthcare Cost and Utilization Project (HCUP)**. This project includes two databases for health services research which currently provide 8 years of data for 1988-1995. Work on the 1996 release has begun as well. These database releases are possible through a Federal-State-industry partnership to build a multi-State health care data system. HCUP's objectives are to: (1) obtain data from statewide information sources, (2) design and develop a multi-State health care database for health services research and health policy analysis, and (3) make these data available to a broad set of public and private users. Both databases contain patient-level information for inpatient hospital stays in a uniform format while protecting privacy. The Nationwide Inpatient Sample (NIS) includes inpatient data from a national sample of about 900 hospitals. The State Inpatient Database (SID) covers inpatient care in community hospitals in 19 States that represent more than half of all U.S. hospital discharges. For 14 of the 19 states for which we have discharge data and for which we can identify race, 20% of the discharges are coded as other than white. This database thus has the potential for providing valuable information regarding minority populations. These uniform data make possible comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations.

3.5. Minority Health Program Activities in FY 1997/98

This section provides a narrative overview of AHCPR's Minority Health Program activities for fiscal years 1997 and 1998. Additional information on each of the grants and program activities may be found in Appendix B, which lists extramural grants (e.g., HS01234) in numerical order, and Appendix C, which lists programs by name (e.g., HBCU Initiative). During this period, AHCPR sustained significant decreases in its operating budget. While these decreases mitigated against substantial growth in the Minority Health Program, AHCPR sought to sustain participation in White House and DHHS Initiatives despite funding limitations.

One important activity initiated during this period is resulting in preparation of a report: **Analysis of the Inclusion of Women and Minority Subjects in AHCPR-supported Health Services Research**. AHCPR is conducting an analysis of the Agency's progress in implementing policies and procedures for encouraging the inclusion of women and minority subjects in health services research, which has been required since 1994. Staff reviewed coding on summary statements of grant applications (regarding the adequacy of the inclusion of women and minority research subjects), trends in codes across funding mechanisms (R01s, small project grants, fellowships), and a sample of progress reports submitted by Principal Investigators to the Agency. Several preliminary results are noted. Only a few applications were initially designated by peer reviewers as unacceptable. Documentation of the inclusion of women was more consistent than of minority research subjects. Small projects and training grant applications were less likely to note the inclusion of minority subjects and women than large (R01) grants. Preliminary results indicate that the definitions of "acceptable" and "unacceptable" would benefit from clarification, and in many cases, investigators' progress reports need to include greater detail on their ability to recruit and retain women and minority subjects. Results of this report will guide Agency efforts to include more minority subjects in health services research in order to inform decisions regarding their healthcare.

Several AHCPR grants address **disease prevention and treatment** for minority populations. In FY 1997, MEDTEP Research Centers at University of California - San Francisco (HS07373), Henry Ford Medical Center (HS07386), and University of Maryland (HS07392) received terminal funding in the last year of the **MEDTEP Research Centers on Minority Populations Program**. Outcomes research at these Centers continued to focus on cancer, cardiovascular disease, reproductive health, diabetes, asthma, adolescent health, violence, and effective health communications, targeting African American and Hispanic/Latino populations.

Other grants included one ongoing grant (HS07809) which has developed a database of patients with HIV-infection. It found that black patients were much less likely to receive AZT or PCP prophylaxis than white patients.²² Continuation funding supported another grant (HS09478) for a clinical trial to evaluate outcomes of medical and surgical treatments for abnormal uterine bleeding in premenopausal women. A newly funded grant will evaluate variations in outcomes of diabetic patients in a general medicine clinic resulting from the provision of different types of support (information or specialty consultation) to the patients' primary care physicians. (HS09722)

There is a substantial body of information documenting the treatment disparities which minority patients with cardiovascular disease experience. Ongoing funding supports one grant (HS07315) which is examining the impact of patients' race and gender on physicians' decisions regarding treatment of cardiovascular patients. Another grant (HS08814) is evaluating the use of telecolposcopy

for diagnosis and management of cervical disease in minority, rural, poor women, intending to reduce geographic barriers to care for these women. One project on prostate cancer (HS08992) is evaluating, in male patients and their spouses, their preferences for outcomes regarding screening and management of the disease. A grant (HS09809) that is looking at the primary prevention of coronary heart disease in South Carolina plans to develop a resource allocation model which will be used to measure the effects of various constraints on the efficient allocation of resources. Another grant (HS08302) is undertaking a prospective study of patients with cardiovascular disease in attempting to understand the reasons why racial/ethnic minority patients and women receive fewer procedures than white patients or men. These projects are examples of the types of research which continues to be needed in order to eliminate disparities for minority populations.

AHCPR grants regarding **health information and health promotion** play an important role for minority populations. One grant (HS09232) is incorporating culturally sensitive outreach to Hispanic-Americans in using a community-based approach to facilitate the planning for critical care and advance (end-of-life) directives. Another grant (HS08209) has been examining the factors influencing families' decisions regarding organ and tissue donation. In identifying ways in which the procurement process can be improved, this grant may have an impact on the low donation rates of minority populations. The role of environmental factors and inherited factors on participation in preventive health behaviors is the focus of a grant (HS09610) which will analyze data from national surveys, and include a household survey in Harlem. The quality of data collected from a group of low-income African-American women is the focus of another grant (HS09693) which will examine the impact of three different modes of data collection on respondents' results. One grant (HS09367) supported a conference to discuss methodological issues in researching geographical barriers to health services in managed care for minority populations. The results of this conference are intended to safeguard services to vulnerable populations in the managed care environment. Another grant (HS09824) supported a conference of the MEDTEP Centers to look at the progress of Centers and their research findings, and the future directions of outcomes research for minority populations.

OHCI funding through existing contracts supported the development and printing of translations of several AHCPR patient brochures. In FY 1997, *Prescription Medicines and You* was translated into Spanish, Chinese, Vietnamese, Cambodian, and Korean, *Alzheimer's Disease* was translated into Spanish, and *You Can Quit Smoking* was translated into Chinese, Tagalog, Vietnamese, Korean, Laotian, and Cambodian. In FY 1998, Spanish translations were made of the brochures *Choosing and Using a Health Plan*, *Common Uterine Conditions*, and the Consumer Assessment of Health Plans Questionnaire.

Health service delivery and research is a major focus of AHCPR intramural and extramural activities in general. One important intramural activity is the **Medical Expenditure Panel Survey (MEPS)**. MEPS provides a high degree of detail in its data, as well as its ability to link health service medical expenditures and health insurance data to the demographic, employment, economic, health status, utilization of health services, and other characteristics of survey respondents. MEPS is the only federally sponsored national survey that provides a foundation for estimating the impact of changes in sources of payment and insurance coverage on different economic groups or special populations of interest, such as racial and ethnic minorities. Each year of the survey has an oversample of black and Hispanic respondents to permit detailed subgroup analyses for these minority populations. For example, data recently available from MEPS estimated that in 1996, 33.5% of Hispanic persons were

uninsured, compared to 22.9% of black people and 13.1% of white persons.

Another important intramural activity is the **Healthcare Cost and Utilization Project (HCUP)**. This project includes two databases for health services research which currently provide 8 years of data for 1988-1995. Data from 1996 will be released in February 1999; 1997 data will be available in the fall of 1999. These database releases are possible through a Federal-State-industry partnership to build a multi-State health care data system. HCUP's objectives are to: (1) obtain data from statewide information sources, (2) design and develop a multi-State health care database for health services research and health policy analysis, and (3) make these data available to a broad set of public and private users. Both databases contain patient-level information for inpatient hospital stays in a uniform format while protecting privacy. The Nationwide Inpatient Sample (NIS) includes inpatient data from a national sample of about 900 hospitals. The State Inpatient Database (SID) covers inpatient care in community hospitals in 19 States that represent more than half of all U.S. hospital discharges. For 14 of the 19 states for which we have discharge data and for which we can identify race, 20% of the discharges are coded as other than white. This database thus has the potential for providing valuable information regarding minority populations. These uniform data make possible comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations.

The HIV Cost and Services Utilization Study (HCSUS - HS08578) is an important extramural research project grant which has collected invaluable data for tracking the use of health services and cost of care for persons with HIV-infection. Numerous findings have been published, including one which noted that about half of HIV-infected adults do not get regular medical care.²³ Several other extramural grants at AHCPR support projects in this area: One grant (HS08581) is studying the effectiveness of interventions to increase appointment scheduling for breast and cervical cancer screening in low-income (Mexican-American, African American and white) women. Another grant (HS08610) intended to provide technical assistance to rural communities regarding managed care will benefit the large numbers of minority patients in those communities. The determinants of Community Health Centers' involvements in managed care, and the impact of managed care on Community Health Centers is the subject of another research project (HS09831).

Quality measures for patients with cardiovascular disease is the subject of another grant (HS09487) which includes a focus on minority populations and is intended to assist health plans in enhancing their delivery of care. Another project (HS09754) will look at the quality of care for patients receiving carotid artery surgery to clear obstruction (endarterectomy) that is reducing blood flow to the brain, a procedure for which minority patients have been documented to receive fewer than majority patients. One project (HS09760) seeks to develop methods for developing risk adjustment for surgical procedures, using hysterectomy as an example. This procedure is performed at very high rates in African-American women, and may shed light on reasons for disparities in frequency of the surgery and its complications. Another project (HS09782) will develop and evaluate a model for collaborative quality improvement in loosely structured managed care organizations (MCOs), using newborn jaundice as the index condition a condition. Jaundice in newborns is of particular significance because of its increased frequency in several minority populations. A newly funded study (HS09973) will look at the consequences on patients of early discharge from inner city hospitals in order to develop indicators of inpatient quality of care.

Examining the factors influencing the participation of African Americans in research, and reasons for their under-representation is the focus of one project (HS09597). Another grant (HS09603) is looking at the occupational and organizational culture of staff at an urban inpatient medical rehabilitation hospital, and the effects on patient care. In this project, 50-60% of the patients and staff are minorities. One other grant (HS09894) will look at how racial differences in health care options, experiences in the health care system, and health status contribute to differences in satisfaction between racial and ethnic minority patients and majority patients with medical care.

AHCPR's activities in **supporting educational institutions** focused on the MEDTEP Research Centers on Minority Populations Program, and funding to the Meharry Demonstration Project. In FY 1997, the final year of the MEDTEP Centers program, three Centers received funding: University of California - San Francisco, Henry Ford, and University of Maryland. Through this Program, AHCPR has established a network of teams dedicated to the conduct of outcomes and effectiveness research and research training for minority populations.

As noted earlier, the Meharry Demonstration Project is developing a Primary Care Model for the medically indigent patients at Meharry Medical College. The project will use a managed care model to develop and implement programs for health outcome measures, information dissemination, curriculum development and evaluation of project activities and outcomes.

Although AHCPR funded no grants during this period which addressed **workforce issues, health professions development and training** was the subject of several grants. One ongoing grant (HS09262) supports the development of a training program in health services research for minority junior faculty through seminars, workshops, and independent study. Several other grants are supporting training opportunities for minority students. Fostering collaborative working relationships across academic institutions and health services research trainees receiving support from the National Research Service Awards (NRSA) program is the focus of one grant (HS09700). This grant will support the inclusion of 10 undergraduate minority students in annual NRSA meetings to stimulate their interest in the field for future career consideration. Another grant (HS09790) will support the introduction of innovative approaches to train minority health services researchers within the current structure of the established training program in HSR at the University of Pennsylvania. Yet another grant (HS09797) funds the participation of under-represented minority students to enhance the HSR training program at Case Western and expand the HSR training of health care providers actively involve in patient care in the Henry Ford Health System institutional setting.

In addition to funding grants to support training activities, the **Minority Supplements Program** provides administrative supplements to previously funded Principal Investigators in order to permit the expansion of the parent grant to address concerns of minority populations, or provide training opportunities for minority researchers. The \$5.86 million allocated to this program from 1991 through 1998 has provided training opportunities for 101 minority researchers (65 African-American, 22 Hispanic, and 9 AAPI trainees, in addition to 5 with race/ethnicity not specified), including \$950,147 to support 13 trainees in FY 1997 (9 new and 4 continuing), and \$1,454,169 to support 12 trainees in FY 1998 (8 new and 4 continuing). The intention of this program is to increase the number of minority health services researchers and expand the knowledge base regarding health care for racial and ethnic minority populations.

Several grants address issues in multiple subject areas. For example, grants identified above in the section on disease prevention and treatment (e.g., 7315, 7809, 8302, 8814, 8992, 9809) also could be categorized here under **access to health care**. In addition to grants such as those, other grants also address access issues. A new study (HS09703) of Medicaid managed care in New Mexico will examine its effects on patient access, satisfaction, costs of care, and its effects on safety-net institutions serving at-risk communities. In addition, the project will measure changes in sentinel health outcomes. Another grant (HS09521) is looking at whether racial and ethnic minority and women workers have kept pace with employer-paid health insurance given the changes in the labor market. The impact of managed care on access and utilization of health care services by African Americans is the focus of a third grant (HS09569). This project will see whether health care utilization by African Americans enrolled in managed care plans is comparable to those enrolled in non-managed care plans.

AHCPR collaborated with the Health Resources and Services Administration (HRSA) in funding two research project grants for faculty affiliated with the **HRSA Centers of Excellence Program**. The goal of this program is to strengthen the nation's capacity to train minority students in the health professions. One of the grants awarded as a result of the competitive solicitation will investigate community-academic research partnerships in the delivery of quality health care with a focus on minority aging research. The other grant will examine the disparities in health care for college-educated African-American men, their health care experiences, attitudes and health behaviors. Both grants will provide useful information as AHCPR builds the knowledge base to eliminate health disparities for minority populations.

In addition to the above activities, AHCPR has provided dedicated funding in support of the White House and DHHS Minority Initiatives as discussed below.

3.5.a. White House and DHHS Minority Initiatives

3.5.a.1. Historically Black Colleges and Universities (HBCU) Initiatives

AHCPR's participation in the DHHS and White House HBCU Initiatives is intended to develop the capacity of HBCUs and especially their health professions institutions to conduct health services research and train minority researchers. In addition to targeting African-Americans, these initiatives assist minority populations which benefit from the educational tradition of these institutions, as well as the patient populations which rely on the clinical facilities for health care.

Funding in FY 1997 provided partial support, in collaboration with other DHHS Agencies, to the Meharry Demonstration Project, one part of the DHHS memorandum of understanding intended to "strengthen Meharry's financial, management, health manpower, and service delivery capabilities that are consistent with the purposes, goals and objectives" of DHHS. Other activities included funding for honors students from schools affiliated with the NIH MARC (Minority Access to Research Careers) Program to attend a summer health policy program at Harvard Medical School (three students attended from HBCUs); funding for an HBCU graduate student to have a summer internship at AHCPR; monies to support an HBCU faculty consultant on a small grant; and in collaboration with other DHHS Agencies, partial support for the National African-American Youth Initiative to bring high school students from around the country to Washington to learn about health and the Federal government first-hand.

In FY 1998, funding supported continuation of the Meharry Demonstration Project, and supported 6 HBCU students in the Harvard summer policy program, 2 HBCU summer interns at AHCPR, technical assistance to HBCU faculty, programs of the Tuskegee University Center on Bioethics, initiation of a collaborative project between the Morehouse School of Medicine and the National School of Public Health at the Medical University of South Africa, and support for the Minority Health Professions Foundation Biomedical Careers Symposium for minority high school, college, and graduate students; in addition to continuation support for the National African-American Youth Symposium.

3.5.a.2. Educational Excellence for Hispanic Americans

By participating in the DHHS Hispanic Agenda for Action and the White House Initiative, Educational Excellence for Hispanic Americans, AHCPR intends to enhance the knowledge base regarding health care for Hispanic populations by increasing the number of trained Hispanic health service researchers, and by building the capacity for institutions to conduct health services research intended to benefit Hispanic people. Education, health services, training, employment and customer service to Hispanic peoples are the focus for these Initiatives.

In FY 1997 funding supported the Latino co-Principal Investigator of the University of California - San Francisco MEDTEP Research Center; 2 Hispanic students at the health policy summer program at Harvard University, partial funding for the National Hispanic Youth Initiative to bring high school students to Washington, and partial funding of the DHHS-sponsored National Hispanic Health Symposium.

FY 1998 funding supported one Latina student at the Harvard Medical School health policy summer program, continued partial support for the National Hispanic Youth Initiative; technical assistance for Hispanic faculty through the Inter-University Program on Latino Research; and a minority grant supplement to support a Latino researcher.

3.5.a.3. Tribal Colleges and Universities (TCU) Initiative

Signed in October 1996, Executive Order 13021 includes providing for equality of access for TCUs to Federal opportunities and continuing commitments of Federal resources in its provisions. AHCPR funding has provided support for a summer intern, and, in collaboration with other DHHS Agencies, support for a national conference of Presidents from Tribal Colleges and Universities and Federal officials.

3.5.a.4. Asian American and Pacific Islander (AAPI) Action Agenda

Developed at the end of 1997, AHCPR's response to this DHHS Initiative focused on expanding training opportunities for Asian Americans and Pacific Islanders and increasing the knowledge base regarding health care for AAPIs.

FY 1997 funding supported the translation of patient brochures into AAPI Languages (Chinese, Korean, Vietnamese, Cambodian, Laotian, and Tagalog) as noted above. This permitted broader dissemination of patient-oriented information to AAPI communities identified as being at risk for the subject medical conditions, and was intended to increase patient knowledge regarding the conditions.

Funding in FY 1998 provided partial support for a national conference: *Cancer Concerns in AAPI Populations*. The purpose of the conference was to discuss data on cancers which disproportionately affect AAPIs, to ascertain the quantity of extant data and the quality of these data, and to discuss cancer

prevention and control research and education/intervention efforts. An expected outcome of the conference was to produce proceedings and recommendations for reducing avoidable cancer morbidity and mortality among AAPIs, and disseminate conference results through journal articles, press conferences, and media appearances.

3.5.b Additional Minority Health Activities in FY 97/98

In addition to the funding described above, in FY 1997, AHCPR contributed partial funding in support of two conferences: *Biennial Conference on Cancer in Minority Populations*, and a National Conference on Minority and Women's Health.

4. Next Steps

The ambitious goals of the President's Race and Health Disparities Initiative, to eliminate by the year 2010 health disparities experienced by racial and ethnic minority populations for six conditions (infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV infection, and child and adult immunization) will provide direction to AHCPR's Minority Health Program activities for the next several years. With its mission of addressing health care issues -- quality of, access to, use and cost of health care services -- AHCPR is well positioned to support expansion of the health services research body of knowledge regarding racial and ethnic minority populations as the country moves to eliminate the health disparities between minority and majority populations. The recent increases in funding which AHCPR has received will permit it to enhance its resource allocation to this important field of work. As significant changes continue to occur in the health care sector, increasing attention to the needs of minority populations will be required in order to assure that the fruits of health care advances are experienced by all citizens equally.

In FY 1999, AHCPR plans to increase its financial commitments in a range of minority health activities. Several areas have been identified which will enhance building capacity to conduct health services research, in addition to increasing the knowledge base. Two requests for applications (RFAs) have been released to date, with a third planned, each of which has incorporated funding set-asides to support research into the six conditions identified in the President's Race and Health Disparities Initiative (RHDI).

Of the \$3 million in the Measures of Quality of Care for Vulnerable Populations RFA, AHCPR will set aside approximately \$1 million to support projects that address the RHDI. For each of the other two RFAs, Assessment of Quality Improvement Strategies in Health Care, and Translating Research into Practice, approximately \$500,000, of the \$2.0 million in fiscal year 1999 funds, will be reserved to support the RHDI. This \$2 million in funding for research on conditions identified in the RHDI will provide a much needed infusion to support the stimulation of research on minority health issues. This is seen as one component of AHCPR's efforts to support the development of innovative approaches to reach underserved populations through newer organizational and financing arrangements, and design and evaluate successful interventions to improve the health of minority populations and eliminate disparities.

Additional activities which AHCPR has planned include laying the foundation for the creation of Centers of Excellence in order to expand Agency-sponsored research on minority health beyond the

outcomes research of the MEDTEP Centers to include other aspects of the health services research continuum. In addition, increases in funding to the White House and DHHS Minority Initiatives which will enhance capacity building efforts in addition to supporting research.

AHCPR will continue its support for expanding the information base in health services research regarding minority populations, and building the capacity to conduct research through training of both minority and majority researchers, and funding a broad range of health services research intended to contribute to the elimination of health disparities experienced by racial and ethnic minority populations.

In FY 2000, AHCPR will provide funding to support the President's race and Health Initiative consistent with the Agency's priorities: 1) New research on priority health issues; 2) New tools and talent for a new century; and 3) Accelerating the pace of quality improvement. Under the first priority, AHCPR funding will support an RFA on health services research for minority populations, as well as Minority Health Services Research Centers of Excellence. Both initiatives will target the RHDI and assure that we obtain new knowledge about the factors that affect the quality, outcomes, cost, and access to care for minority populations. Training of minority and other investigators interested in minority health services research will be the focus of initiatives under the second priority. Measures will be taken to enhance existing data bases to improve information on the quality of care received by minority populations, and to assure the cultural sensitivity of research tools. To accelerate the pace of quality improvement, AHCPR will support partnerships between health care delivery sites and academic researchers in order to address the specific conditions of the RHDI. By promoting innovation in implementation of research findings and practice-based medicine, AHCPR-funded research will make significant contributions to the elimination of health disparities faced by the nation's racial and ethnic minority populations.

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Appendix A

AHCPR

Minority Health Program

Strategic Plan

AHCPR Minority Health Program Strategic Plan

I. Minority Health Program (MHP) Vision

The Minority Health Program at AHCPR supports the generation and dissemination of health services research to promote the equitable receipt of health care services for all Americans and eliminate disparities in health status between racial and ethnic minority populations and the majority population. While focusing on increasing the diversity of the health services research community through enhanced training of racial and ethnic minority researchers, the MHP also supports building the capacity to conduct health services research on minority populations by minority researchers and institutions as well as non-minority investigators and institutions.

II. MHP Mission

The mission of AHCPR's MHP is to facilitate communication and coordination between AHCPR Centers, Offices, and programs in order to ensure that issues of concern to racial and ethnic minority populations are incorporated into both ongoing and new activities across the Agency. This mission is accomplished by working closely with existing AHCPR programs, and developing new initiatives in collaboration with the Agency's Offices and Centers, other Department of Health and Human Services (DHHS) components, as well as public and private groups/organizations.

III. MHP Goals and Objectives

The goals of AHCPR's MHP address four areas: 1) Increasing the health services research knowledge base regarding minority populations; 2) Building capacity for health services research on minority populations; 3) Enhancing racial/ethnic diversity in Agency programmatic activities, and 4) Information dissemination.

GOAL 1. Support expansion of the knowledge base in health services research regarding racial/ethnic minority populations. Consistent with efforts to improve the effectiveness of the American health care system, activities of AHCPR's Minority Health Program are directed toward eliminating health disparities for minority populations, as measured by process as well as outcomes variables (access, quality, mortality, etc.). Eliminating these disparities depends on producing sound research that can reveal underlying causes and demonstrate effective interventions in order to provide the basis for developing workable policy solutions. AHCPR will undertake activities designed to develop the data and information necessary to improve the access to care for, health status of, and outcomes of care for minority populations. By supporting activities focused on minority health, AHCPR will increase substantially the attention to these important issues by the larger research community.

Related Agency goals

- 1) *Support Improvements in Health Outcomes*
- 2) *Strengthen Quality Improvement and Measurement*
- 3) *Identify Strategies to Improve Access, Foster Appropriate Use and Reduce Unnecessary Expenditures*

Related OM goal

- 1) *To provide services and programs which enhance the efficient and effective accomplishment of AHCPR's research and policy goals.*

Related ORREP goal

- 3) *To support AHCPR's research agenda by conducting peer review and funding meeting responsibilities in a timely, efficient, and consistent manner and to assure fair and objective peer review of each grant application and SBIR proposal.*

Related CCFS goals

- 2) *Data Development - Develop reliable, valid and comprehensive health care databases of information concerning the use, cost effectiveness, financing and provision of health care services by designing and conducting efficient, state of the art surveys and extending the use of secondary data sources.*
- 3) *Health Services Research - Conduct and support high-quality research that improves the understanding of the nation's health care system.*

Related CODS goals

- 3) *Data Base Development*
- 4) *Knowledge Development*

Related COER goals

- 1) *To identify knowledge gaps where OER is needed and can improve patient outcomes.*
- 2) *To conduct, support and facilitate the production of scientific knowledge that supports improvements in health outcomes.*
- 3) *To support and facilitate the production of scientific knowledge that leads to the optimal use of effective health care interventions.*
- 4) *Support and facilitate research to evaluate the appropriateness, effectiveness, and patient-reported outcomes of therapeutics, including pharmaceutical therapies (drugs and biological products).*
- 5) *Conduct, support and facilitate the production of knowledge that informs the efficient allocation of health care resources.*
- 7) *To contribute to and advance Agency and Departmental Initiatives, including Agency cross-cuts and special populations emphases.*

Related CPR goals

To produce (conduct and support) and disseminate primary health care related knowledge that:

- 1) *informs patients, providers and health plans/organizations*
- 2) *improves access to primary care services*
- 3) *improves clinical practice*
- 4) *increases the capacity of health care plans and systems to deliver high quality and high value care, and,*
- 5) *facilitates public policy making.*

Related CPTA goals

- 2) *Promote quality medical care by promoting the use of evidence-based products in health care delivery and policy making*
- 3) *Promote health services research on methodologies used in systematic reviews and on implementation of evidence-based recommendations and materials into clinical care*
- 5) *Participate effectively and efficiently in Departmental and Agency Initiatives*

Related CQMI goals

- 1) *Develop and test strategies/methods to improve health care delivery.*
- 2) *Develop quality measures.*
- 3) *Demonstrations and implementations.*
7. *Evaluation*
- 5) *Child Health Coordination: a) to improve children's health; b) to expand and improve health care research related to children; and c) to expand the capacity of health care researchers to conduct research related to children's health issues.*

Objective 1.1. Fund research that illuminates gaps in knowledge regarding outcomes and delivery of health services to minority populations, and examines ways to eliminate health disparities. The focus of this research will be to generate knowledge to fill gaps, improve access, foster appropriate use, enhance quality of care, improve outcomes, and reduce expenditures for health care.

Strategy 1.1. Support a range of minority health services research projects, both intramural and extramural, which not only describe existing disparities, but also investigate innovative ways to eliminate identified health disparities. Several researchers throughout various communities have contributed to the existing body of knowledge. Investigators, both intramural and extramural, as well as those at minority and majority institutions will continue to have important roles in producing findings which help to eliminate health disparities. AHCPR's commitment to supporting intramural and extramural minority health services research will be necessary to the successful completion of this effort.

Strategy 1.2. Meet the Objectives of White House and DHHS Initiatives Regarding Racial/Ethnic Minority Populations. DHHS has implemented a range of Initiatives addressing issues for each racial/ethnic minority population (Historically Black Colleges and Universities, Educational Excellence for Hispanic Americans, Tribal Colleges and Universities, and Asian American and Pacific Islanders). In addition, DHHS supports the President's Race and Health Disparities Initiative. Addressing the research issues in these Initiatives will be critical to accomplishing this and other goals of the MHP as well as many Office/Center goals. In addition to meeting Agency goals, this research will contribute to the elimination of health disparities for minority populations.

Strategy 1.3. Track funded grants addressing minority health services research and their findings. One aspect of building the knowledge base is identifying ongoing research activities, and the results from research investments. Attention to maintaining updated information on what research has been completed and is planned will inform the research agenda for the Agency and researchers.

Strategy 1.4. Collaborate with Center/Office staff regarding the representation of racial/ethnic minority populations in Agency databases and survey activities. Accurate and current reporting and documentation of health data on racial/ethnic populations are essential to identifying gaps in health services delivery. Wherever possible, AHCPR will ensure the use of statistically representative and appropriate samples of minority individuals in its research activities and databases.

GOAL 2. Building Capacity for health services research on minority populations. This goal encompasses both the conduct of research on minority populations and the training of minority researchers. Developing a robust minority health services research community necessitates addressing the skills and abilities of minority researchers and minority institutions to conduct health services research, as well as non-minority researchers and institutions interested in studying minority populations. Increasing the community of minority health services researchers, and enhancing the ability of minority institutions to conduct health services research can be expected to contribute to the

knowledge base regarding health services research on minority populations and issues. While focusing on minority institutions and researchers, the MHP also needs to support research opportunities for majority researchers and institutions interested in minority health services research. In addition to training researchers, AHCPR will provide opportunities for students at the high school and baccalaureate levels to be exposed (as appropriate) to health services research environments. These activities are intended to increase the numbers of minority students considering and selecting careers in health services research.

Related Agency goals

- 1: *Support Improvements in Health Outcomes*
- 2: *Strengthen Quality Improvement and Measurement*
- 3: *Identify Strategies to Improve Access, Foster Appropriate Use and Reduce Unnecessary Expenditures*

Related OM goal

- 1) *To provide services and programs which enhance the efficient and effective accomplishment of AHCPR's research and policy goals.*

Related ORREP goal

- 2) *To implement key components of the proposed 1998 Health Services Research Training Plan.*

Related CQMI goal

- 4) *CHILD HEALTH COORDINATION: a) to improve children's health; b) to expand and improve health care research related to children; and c) to expand the capacity of health care researchers to conduct research related to children's health issues.*

Objective 2.1. Support training for minority investigators in health services research.

In order to enhance the diversity of the health services research community, AHCPR will focus on increasing the representation of racial/ethnic minority investigators in its health services research training programs.

Strategy 2.1.1. Maintain Funding Levels for the Minority Supplements Program.

New and continuation funding of minority supplements in FY 1991-1996 totaled \$821,000, \$733,000, \$665,000, \$557,000, \$370,000, and \$280,428 respectively. In FY 1997 funding for minority supplements increased to \$950,147; in FY 1998 funding totaled \$356,948. Sustaining funding is essential to building a strong cadre of minority researchers and developing the knowledge base in minority health services research.

Strategy 2.1.2. Encourage Participation of Minority Students in AHCPR's Institutional NRSA Program, NRSA Fellowship Program, and Dissertation Program.
Principal Investigators (PIs) of Institutional National Research Service Award (NRSA) grants are critical to recruitment and retention of minority trainees in their programs. Fostering greater participation by minority researchers in Institutional, Dissertation, and Fellowship Programs will enhance the diversity of the HSR community.

Strategy 2.1.3. Provide opportunities to expose minority high school and college students to health service research experiences. One necessary component of increasing the numbers of minority researchers is to provide exposure to students when they are making career decisions. AHCPR has

contributed to programs for high-school students to expose them to health services research, and has provided limited summer training experiences for college students. Continuation of these types of programs is necessary to maintain a viable pool of well educated candidates.

Objective 2.2. Capacity Building. Increasing the ability of minority institutions to conduct health services research, and the ability of majority institutions to address health services research issues for minority populations are critical factors to developing a comprehensive approach to building capacity to conduct minority health services research.

Strategy 2.2.1. Fund technical assistance activities and research grants.
Target health services research technical assistance to faculty at minority institutions. Provide funding to conduct minority health services research for faculty at minority institutions, in addition to providing funding for research projects at other institutions. Technical assistance workshops for investigators at minority institutions will assist applicants in developing competitive proposals and facilitate the formation of a critical mass of investigators at various institutions.

GOAL 3. Enhance participation of minority individuals in AHCPR programmatic activities. Ongoing efforts are needed to assure desirable levels of participation of minority investigators on study sections, the National Advisory Council, and other Agency program and policy bodies. Including a wide range of perspectives is important to the development of policies and research which are applicable broadly to minority populations.

Related Agency goals

- 1: *Support Improvements in Health Outcomes*
- 2: *Strengthen Quality Improvement and Measurement*
- 3: *Identify Strategies to Improve Access, Foster Appropriate Use and Reduce Unnecessary Expenditures*

Related OM goal:

- 1) *To provide services and programs which enhance the efficient and effective accomplishment of AHCPR's research and policy goals.*

Related ORREP goal:

- 3) *To support AHCPR's research agenda by conducting peer review and funding meeting responsibilities in a timely, efficient, and consistent manner and to assure fair and objective peer review of each grant application and SBIR proposal.*

Objective 3.1. Optimize diversity of the National Advisory Council, standing study sections, special review groups, and Agency task forces regarding both policy and programmatic issues.

Strategy 3.1.1. Collaborate with Center/Office staff to identify minority investigators as potential consultants for AHCPR. This will facilitate development of AHCPR's minority consultant pool, and enhance the Agency's ability to address a range of issues regarding minority health services research.

GOAL 4. Research Dissemination to Consumer and Professional Organizations. Utilization of research findings is necessary for them to inform the delivery of care and benefit patients. Incorporation of the range of relevant organizations is necessary to maximize the dissemination of the Agency's research investments. Collaboration of all Offices and Centers in accomplishing this goal will enhance the broad impact of research findings.

Related Agency goals:

- 1: *Support Improvements in Health Outcomes*
- 2: *Strengthen Quality Improvement and Measurement*
- 3: *Identify Strategies to Improve Access, Foster Appropriate Use and Reduce Unnecessary Expenditures*

Related OM goal:

- 1) *To provide services and programs which enhance the efficient and effective accomplishment of AHCPR's research and policy goals.*

Related OHCI goals:

- 1) *Disseminate the results of health services research and activities of AHCPR to its target audiences.*
- 2) *Translate AHCPR research into products for providers, systems, and the public.*
- 3) *Develop strategies for communicating and disseminating AHCPR research and information to its target audiences.*

Related CCFS goal:

- 4) *Public Service - Serve the public by producing timely public use data files, disseminating descriptive data products and research products, and providing expert technical assistance to our customers.*

Related CODS goal:

- 5) *Translation and Dissemination*

Objective 4.1. Coordinate dissemination of research findings and evidence-based materials to minority communities. The AHCPR generates a broad range of information which can impacts patients' health. Targeted dissemination of pertinent information to minority communities can contribute to decreasing disparities in health status.

Strategy 4.1.1. Enhance working relationships with minority lay and professional health organizations, and community-based organizations (CBOs).
These organizations can expedite distribution of information within communities.

Objective 4.2. Enhance electronic information dissemination on minority health program activities through optimal use of the AHCPR website.

Strategy 4.2.1. Synthesize research information, create summary documents, and post documents to the AHCPR website.

Appendix B

Summaries of Extramural AHCPR Research Project Grants

Funded in FY 1997/98

Grant number: HS07315

Title of grant: Race and Gender Differences in Clinical Decision Making

Background/History: Discretionary grant (R01)

Purpose: To examine whether physician decision making contributes to race and gender differences in patterns of medical care for coronary artery disease (CAD).

Target populations served: African American.

Number of people served/reached: Data unavailable.

Dollars involved by Fiscal Year: FY97 \$318,158; FY98 \$0

Expected outcome or impact: Researchers, consumers and policy makers will all use these results to design new interventions to improve the care of women and minorities.

Agency contact person: David Lanier, M.D., Acting Director, Center for Primary Care Research, 301-594-1489

Grant number: HS07373

Title of grant: The University of California, San Francisco MEDTEP Research Center for Diverse Populations

Background/History: Part of the MEDTEP Research Centers on Minority Populations Program

Purpose: Address highly relevant research areas for African Americans and Hispanic Americans in cancer, cardiovascular disease, reproductive health and methodological issues; provide training and experience for minority researchers.

Target Populations Served: African-American and Hispanic women in San Francisco

Number of People Served/Reached: In its 29 studies, the Center has served thousands of minority women. The program has also trained 12 faculty, 3 post-doctoral fellows, 2 residents and 4 students.

Dollars Involved by Fiscal Year: FY97 \$750,000; FY98 \$0

Expected or Reported Outcome and/or Impact: A community intervention was associated with an increase in mammography and Pap smear use among women aged 50-74. Researchers found that excess hospitalization for congestive heart failure experienced by African Americans is due to higher rates of known risk factors, emphasizing the need for improved control in this group.

Agency Contact Person: Heddy Hubbard, Project Officer, 301-594-4036

Grant number: HS07386

Title of grant: Henry Ford MEDTEP Center

Background/History: Part of the MEDTEP Research Centers on Minority Populations Program

Purpose: Further develop studies of empowerment in disease management within the African American community

Target Populations Served: African American

Number of People Served/Reached: 17 trainees

Dollars Involved by Fiscal Year: FY97 \$285,081; FY98 \$0

Expected or Reported Outcome and/or Impact: High use of services for diabetes and asthma by African Americans is due to differences in disease severity in addition to differences in access.

Agency Contact Person: Heddy Hubbard, Project Officer, 301-594-4036

Grant number: HS07392

Title of grant: University of Maryland MEDTEP Center

Background/History: Part of MEDTEP Research Centers on Minority Populations Program

Purpose: The University of Maryland at Baltimore MEDTEP Center had focused primarily on the health outcomes of inner-city African-American children and youth. The project devoted its efforts to behavioral intervention trials in two major research areas: reproductive health (sexual risk behavioral) and violence prevention/interventions, two public health issues that are of critical importance to this population. Specifically, the project sought to (1) identify and evaluate interventions which improve the health of African-American adolescents; and (2) increase the number of minority professionals involved in health services.

Target Populations Served: African-American adolescents living in urban environments

Number of People Served/Reached: Over the five year study period, more than 2,000 African American children and youth in Baltimore area have been directly involved, either as part of the intervention trials or focus group discussions. The investigators were also actively involved in the State of Maryland's initiative in preventing youth violence, to ensure that the MEDTEP study findings were incorporated in the State's juvenile justice reform efforts. In addition, a total of 15 minority interns were trained through the research fellowships in health outcomes research.

Dollars Involved by Fiscal Year: FY97 \$731,779; FY98 \$0

Expected or Reported Outcome and/or Impact: The project was completed in January 1998.

Among the notable accomplishments: (1) Developed and evaluated several community-based HIV/STD risk reduction interventions targeting youth and/or their parents living in Baltimore and in Namibia -- lowering rates of unprotected sex among adolescents; documenting the importance of increased parental supervision of and communication with youth; (2) Developed and evaluated two violence reduction interventions targeting youth and their parents living in Baltimore -- mass media message alone was not as effective without enhancing the youth's decision-making skills and the parental involvement in supervision, appraisal, and coping; (3) Conducted annual summer intern research fellowships in health outcomes research. Each intern, with different training from medicine, anthropology, health education, and sociology, worked with a MEDTEP faculty mentor on a specific project/topic. Over the past five years, a total of 15 minority interns participate in the training.

Agency Contact Person: Yen-pin Chiang, Ph.D., Health Scientist Administrator, 301-594-1485

Grant number: HS07809

Title of grant: Outcomes of Pharmaceutical Therapy for HIV Disease

Purpose: To develop a longitudinal database of HIV-infected patients in an urban setting, examine the effectiveness of therapies in preventing disease progression and complications, determine the association between surrogate markers and clinical outcomes, delineate the frequency of prescription drug use and identify patient characteristics associated with compliance and response.

Target Populations Served: Urban dwelling African Americans

Number of People Served/Reached: Studied thousands in Maryland

Dollars Involved by Fiscal Year: FY97 \$603,906; FY98 \$0

Expected or Reported Outcome and/or Impact: Has identified important information regarding prognosis and effectiveness of management for HIV

Agency Contact Person: Lynn Bosco, M.D., Project Officer, 301-594-2416

Grant Number: HS08209

Title of Grant: Required Request: Determinants of Family Consent

Background/History of the Grant: Continuation of ongoing research

Purpose of the Grant: To develop intervention strategies leading to increased likelihood that potential and eligible organ donors will become actual organ donors

Target Populations Served: Not Applicable — research only

Number of People Served/Reached: Not Applicable -- research only

Dollars Involved by Fiscal Year: FY97 \$640,642; FYY98 \$61,000

Expected or Reported Outcome and/or Impact: Organ donation and tissue donation lag well behind need, so that many die each year waiting for organs that might save or greatly improve their lives. Disproportionate shortages confront members of minority racial/ethnic groups, particularly African-Americans. Research has shown that the biggest barrier to organ donation is a decision by a potential organ donor's family not to permit the donation. This study is aimed to determine how families make these decisions in order to design effective interventions that may increase organ availability. The study uses semi-structured interviews of family members of candidates for organ donation, both those giving and those denying permission for the donation, to describe the manner and timing with which the request was made of them and the factors determining their decision. At the same time, clinical and procurement-organization personnel will be interviewed and records examined. Comparisons will provide indications for how interventions might be designed. Subjects will include sufficient numbers of African-Americans for specific analysis.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Grant Number: HS08302

Title of Grant: Cardiac Procedure Use: A Prospective Cohort Study

History of Activity: Continuation of ongoing research

Purpose of Activity: To determine the source of disparities in use of procedures for coronary disease by race and other characteristics

Target Populations Served: Not Applicable - research only

Number of People Served/Reached: Not Applicable - research only

Dollars Involved by Fiscal Year: FY97 \$689,927; FY98 \$485,872

Expected or Reported Outcome and/or Impact: Previous research has described differences in rates of procedures for coronary disease between races and by gender, but the reasons for these differences are unclear. These studies have identified patients at relatively advanced stages of their evaluations, so that there are few data on the use of noninvasive testing in African American vs. white and male vs. female patients. Tools for assessing the appropriateness and necessity of cardiac procedures have been developed, making possible efforts to discern whether the observed differences in rates of use are because African Americans and women are failing to get necessary and appropriate procedures or because whites receive too many inappropriate or equivocal procedures (or some combination of the two). These tools, however, generally have been applied only to patients who have already undergone the procedures, and not to patients who might have been appropriate for a procedure but did not undergo it (in other words, earlier studies have been designed to detect overuse, but not underuse). Furthermore, the possible role of patients attitudes toward the risk associated with procedures has not been evaluated. Finally, the impact of differences in procedure use on patient outcome is unknown. This study will address these questions. All patients 30 years or more of age who present to the

emergency department with chest pain indicative of heart attack will be followed prospectively to determine tests and procedures used during the subsequent year. Appropriateness and necessity will be assessed based on chart reviews using an automated program. Assessment will be prospective, such that results of new tests or procedures will be considered in reassessing a patient's needs. Patients will be assessed in an initial interview, during or shortly after hospitalization, for their knowledge of and attitudes toward the risks of cardiac procedures, and again at the end of the observation period by telephone, when post-discharge health status and utilization will also be assessed. Findings may suggest ways to intervene with clinicians or patients to change inappropriate variations in care.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Grant Number: HS08578

Title of grant: HIV Costs and Service Utilization Study.

Background/History: This study was initiated in 1994 to provide current data on HIV-related health service delivery. It evolved from a prior AHCPR study of health service delivery to persons with HIV infection, the AIDS Costs and Service Utilization Survey.

Purpose of the Activity: This study is designed to provide information on the provision of health services to persons with HIV infection. It is a multi-purpose study investigating a wide array of issues, including use of health services, costs of services, barriers to accessing services, outcomes and quality of care, and satisfaction with care. The study was designed to supersede prior studies of health care delivery to this population by obtaining a national probability sample of persons in care for HIV infection, thereby enabling national estimates to be derived. Although its focus is not specifically on minority populations, disparities in service delivery across different racial and ethnic groups are of interest.

Target Populations Served: The target population is persons with HIV infection receiving regular or ongoing medical care for HIV infection and visiting a care provider during January-February, 1996. Persons with HIV infection using exclusively prison or emergency room settings for care are not represented.

Number of Persons Served/Reached: A sample of 2864 patients was enrolled into the study. On the basis of this sample, we estimate that the target population was 49% White (non-Hispanic), 33% African-American (non-Hispanic), 15% Hispanic, and 3% other (Asian or Pacific Islanders or Native Americans). Subgroup analyses of the first three of these groups are possible.

Dollars Involved by Fiscal Year: FY97 \$1,122,754; FY98 \$644,103

Expected or Reported Outcome or Impact: Will provide nationally representative information on service delivery to persons with HIV infection.

Agency Contact Person: John Fleishman, Ph.D., Project Officer, 301-594-2007

Grant number: HS08581

Title of grant: Cancer Screening of Low Income and Minority Women

Background/History: Discretionary grant (R01)

Purpose: To investigate the effectiveness of patient interventions designed to increase appointment scheduling for breast and cervical cancer screening in low income women aged 18-64 and to test the interaction of the interventions with ethnicity-race.

Target populations served: Mexican-American and African-American female patients 18-64 years of age in two community health clinics from the Harris County Hospital District, Houston, TX.

Number of people served/reached: Data unavailable.

Dollars involved by Fiscal Year: FY97 \$77,700; FY98 \$103,600

Expected outcome or impact: To increase breast cancer screening among low income women to prevent the growth of the disease.

Agency contact person: Jayasree Basu, Project Officer, 301-594-4032

Grant number: HS08610

Title of grant: Program of Rural Health Demonstration Activities

Background/History: This is a demonstration project.

Purpose: The aim of this project is to facilitate adoption of managed care plans in rural sites in Nebraska and Iowa. The sites were selected partially on the basis of minority representation in the patient populations served.

Target Populations Served: Rural minority populations

Number of People Served/Reached: not applicable

Dollars Involved by Fiscal Year: FY97: \$293,597; FY98: \$421,099

Expected or Reported Outcome and/or Impact: This project seeks to facilitate the adoption of managed care in rural practices. The project has helped providers adopt management practices needed for successful managed care plans and has assisted in the formation of rural health networks.

Agency Contact Person: Michael Hagan, Project Officer, 301-594-6818

Grant number: HS08814

Title of grant: The Efficacy of Telemedicine Colposcopy

Background/History of activity: Discretionary grant (R01)

Purpose: To determine the efficacy of telemedicine colposcopy compared with referral colposcopy; compare two different types of telecolposcopy (medical center-based real time and computer-based modem); and assess patients acceptance and attitudes toward gynecologic telemedicine.

Target populations served: African-American, rural, poor women.

Number of people served/reached: Data unavailable.

Dollars involved by Fiscal Year: FY97 \$203,328; FY98 \$93,053

Expected outcome or impact: Clinicians will be able to access telecolposcopy provided this trial demonstrates positive attributes and health care policy makers may modify current management algorithms.

Agency contact person: Carole Dillard, Project Officer, 301-594-1358

Grant number: HS08992

Title of grant: Couples' Preferences for Prostate Cancer Screening

Background/History of activity: Discretionary grant (R01)

Purpose: To examine variability in the preferences of male patients and their spouses regarding annual screening for prostate cancer.

Target populations served: African Americans and Mexican Americans.

Number of people served/reached: Data unavailable.

Dollars involved by Fiscal Year: FY97 \$263,776; FY98 \$0

Expected outcome or impact: The procedures used in this study will generalizable to other difficult screening and treatment decisions, such as breast cancer screening for women under the age of 50.

Agency contact person: Jayasree Basu, Project Officer, 301-594-4032

Grant Numbers: HS09204, HS09205, and HS09218

Title of Program : Consumer Assessment of Health Plans (CAHPS)

Background: CAHPS was initiated in FY 1996 to develop and test questionnaires to obtain consumers' assessments of their health plans and reports to help other consumers make health plan choices. CAHPS has been adopted by the Health Care Financing Administration and used to provide information to over 30 million Medicare beneficiaries. In 1999 it will be used by the U.S. Office of Personnel Management to report information to 10 million Federal employees and by the National Committee on Quality Assurance to report information to about 50 million other Americans. Over 20 State Medicaid programs have also used CAHPS. For minority populations CAHPS has been translated into Spanish and two special minority population projects have been undertaken.

Purpose: One of the special projects is designed to assess the reliability and validity of CAHPS for Spanish speaking populations. The other project will develop a report of CAHPS data for consumers in Spanish, Russian and Vietnamese.

Target populations served: These projects will make the CAHPS data more usable for these minority populations.

Number Served: The CAHPS questionnaires are already available in Spanish and the CAHPS reports to consumers in Spanish, Russian and Vietnamese will be available within two years for anyone wishing to use them.

Dollars Involved by Fiscal Year: FY 97 \$275,000; FY98 \$350,000 for (both years) Spanish language questionnaire development and Medicaid Demonstration sites.

Outcome: Reports of data of health plan quality will be available to minority consumers.

Agency Contact Persons: Charles Darby, Project Officer, 301-594-2050 or Christine Crofton, Project Officer, 301-594-2003.

Grant number: HS09232

Title of grant: An Experiment to Encourage Planning for Critical Care

Background/History of activity: Discretionary grant (R01)

Purpose: To evaluate the effectiveness of several communication strategies to encourage people to consider their options for life-sustaining medical treatments and to complete advance directives.

Target populations served: African Americans and Hispanic Americans.

Number of people served/reached: Data unavailable.

Dollars involved by Fiscal Year: FY97 \$121,455; FY98 \$0

Expected outcome or impact: Improve communication about sensitive health topics.

Agency contact person: David Lanier, M.D., Acting Director, Center for Primary Care Research, 301-594-1489

Grant number: HS09262

Title of grant: Association of American Medical Colleges Health Services Research Institute for Minority Health.

Background/History: This is a grant which provides training experiences and conference opportunities

Purpose: The grant is designed specifically to develop a health services research work force that is racially and ethnically diverse with the expectation of increased research on questions related to the health care system as it relates to minority and disadvantaged populations.

Target populations served: This grant offers the opportunity to develop health services research

skills for junior underrepresented minority faculty in the area of health services research.

Number of people served/reached: To date 75 individuals have participated in the program.

Dollars by Fiscal Year: FY97 \$265,250; FY98 \$222,427

Agency Contact Person: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant Number: HS09367

Title of Grant: Underservice to Minority Populations within Managed Care

Background/History: Small Conference Grant

Purpose: The purpose of this conference was to convene a gathering of national experts to discuss methods for quantifying variables related to access to health care services for ethnic minority populations within public and commercial managed care environments. The conference was designed to explore the methodologies researchers can apply to the study of health care services in a managed care environment by geographic area. Of special interest will be the issue of possible underservice of minority populations by managed care systems.

Target Population Served: not applicable

Number of People Served/Reached: About 50 persons from academic, government and private sectors.

Dollars Involved by Fiscal Year: FY97: \$49,978; FY98 \$0

Expected of Reported Outcome and/or Impact: That the discussion will raise the issue of public and corporate policy with regard to minority populations and barriers to care. Of particular concern is whether or not managed care organizations (and other integrated health systems) are able to adequately staff minority communities.

Agency Contact Person, Title, Telephone Number: Sandra Isaacson, Director, User Liaison Program, 301-594-2067

Grant number: HS09478

Title of grant: Medicine or Surgery?

Background/History: Developed following an AHCPR conference on treatment alternatives for hysterectomy and the resulting request for applications (RFA).

Purpose: Comparison of medical and surgical treatment for abnormal uterine bleeding in premenopausal women and evaluation of factors in the decision between the alternatives.

Target populations served: Women served by the University of Alabama-Birmingham, University of California- San Diego, and University of Tennessee at Memphis. Includes 40% African-American women.

Number of people served/reached: To date, 270 women have been enrolled.

Dollars involved by Fiscal Year: FY97 \$1,618,671; FY98 \$1,577,194

Expected outcome or impact: Improve decision making for women considering hysterectomy; develop guidelines for use of hysterectomy based on patient preferences, clinical effectiveness and cost effectiveness.

Agency contact person: Heddy Hubbard, Project Officer, 301-594-4036

Grant Number: HS09487

Title of Grant: Measures of Quality of Care for Cardiovascular Patients

History of the Activity: Continuation of ongoing research

Purpose of the Activity: To determine the source of disparities in use of procedures for coronary disease by race and other characteristics

Dollars Involved by Fiscal Year: FY97 \$954,498; FY98 \$898,085

Expected or Reported Outcome and/or Impact: About 50 million Americans (24% of the population) have hypertension, with much higher prevalence among African-Americans (32.4%) and people with lower income and educational levels. About 1.5 million individuals have an acute myocardial infarction each year, and congestive heart failure (CHF) is the main cause of 36,000 deaths a year and a contributor to another 250,000. It also produces about 722,000 hospital discharges per year. These CHF figures are rising. In this study, candidate quality of care measures were first selected based on existing practice guidelines, then ranked by panels of experts representing stakeholders (physicians, consumers, health plan administrators, and payers). The resulting 95 measures will be validated as quality indicators and tested for feasibility, accuracy, and cost, using different data sources. Recommendations will be made as to their usefulness at the health plan level, for branch offices of plans, or for individual providers.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Grant number: HS09521

Title of grant: Employer-paid Health Insurance and Labor Market Changes

Background/History: Investigator-initiated research project (R01)

Purpose: The objective of this research is to examine how women, racial and ethnic minorities, and the working poor have fared given changes in labor market conditions that affect employer-paid health insurance.

Target Populations Served: Minority populations

Number of People Served/Reached: not applicable

Dollars Involved by Fiscal Year: FY97 \$37,177; FY98 \$35,834

Expected or Reported Outcome and/or Impact: The research has three specific aims. First, to investigate whether the probability of receiving employer-paid health insurance changed for women workers, racial and ethnic minority workers, and the working poor between 1988 and 1997. Second, to see whether variation in worker resources and labor market location explain gender, race, ethnicity, and poverty status differences in health insurance benefits. Finally, to determine whether economic changes have differentially affected U.S. workers' probability of receiving employer-paid health insurance by the gender, race, ethnicity, and poverty status of workers.

Agency Contact Person: Michael Hagan, Project Officer, 301-594-6818

Grant number: HS09569

Title of grant: Impact of Managed Care on African Americans

Background/History: Investigator-initiated research project

Purpose: The main objective of this project is to study the impact of managed care on access and utilization of health care services by African Americans.

Target Populations Served: African Americans

Number of People Served/Reached: not applicable

Dollars Involved by Fiscal Year: FY97 \$53,119; FY98 \$18,857

Expected or Reported Outcome and/or Impact: This study will assess two issues: first, whether an increase in managed care penetration in the non-black population increases African-American enrollment in managed care plans and second, whether African Americans enrolled in managed care plans have a similar level of utilization of health care services as African Americans enrolled in non-managed care plans.

Agency Contact Person: Michael Hagan, Project Officer, 301-594-6818

Grant number: HS09597

Title of grant: Barriers to African-American Participation in Research

Background/History: Through the Dissertation Research Grant Program, AHCPR seeks to expand the number of researchers who conduct health services research in areas of interest to the agency with a special focus is on health issues related to priority populations including minority populations, women, and children.

Purpose of the Activity: This is a study of barriers to the willingness of African-American households to participate in medical research compared with Caucasian households.

Target Population Served: African American

Number of People Served/Reached: Questionnaires will be sent to 1200 households with an expected 376 going to African-American households, permitting comparison of findings by race.

Dollars Involved by Fiscal Year: FY97 \$25,307; FY98 \$0

Expected or Reported Outcomes and/or Impact: An understanding of the factors that underlie different participation rates, which is a critical step in developing strategies to improve recruitment and retention of minority subjects.

Agency Contact: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant number: HS09603

Title of grant: Staff Work in an Urban Medical Rehabilitation Hospital

Purpose of the Activity: This medical anthropological study will examine the experience of staff in an urban, in-patient medical rehabilitation hospital. The study will examine cultural factors which affect in-patient medical rehabilitation.

Target Population Served: Minority representation in the population comprises between 50 and 60 percent of the total.

Dollars Involved by Fiscal Year: FY97 \$31,659; FY98 \$0

Expected or Reported Outcome and/or Impact: The study will examine cultural factors which affect in-patient medical rehabilitation. This study will shed light on this issue using ethnographic techniques to describe the lived experiences of staff working in a medical rehabilitation institution.

Agency Contact Person: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant number: HS09610

Title of grant: Complements and Substitutes in the Production of Health

Background/History: This is a dissertation grant. Through the Dissertation Research Grant Program AHCPR seeks to expand the number of researchers who conduct health services research in areas of interest to the agency with a special focus is on health issues related to priority populations including

minority populations, women, and children.

Purpose of the Activity: This dissertation grant is designed to investigate the exogenous environmental factors and inherited health environments on the participation of Harlem residents in preventive health behaviors. It is hypothesized that poor environmental health conditions and poor inherited health endowments decrease subjective survival probabilities and therefore decrease the incentive to participate in healthy behaviors whose benefits accrue in time periods that exceed survival time. A secondary analysis was performed on three databases.

Target Populations Served: Participants were from the Harlem Household Survey, the Behavioral Risk Factor Surveillance System (BRFSS), and the National Health and Nutrition Examination Survey Epidemiologic Follow-Up Study (NHANES).

Number of People Served/Reached: The Harlem Household Survey included 695 adults, the BRFSS is a telephone survey collected in all 50 states, and the NHANES included 11,750 adults. **Dollars**

Involved by Fiscal Year: FY97 \$30,289; FY98 \$0

Expected or Reported Outcome/Impact: These results could be used to simulate the effects of different public health policies. Since external health threats and personal health behaviors have direct effects on background morbidity and mortality that in turn have additional behavioral effects, many areas of public health policy may be investigated using this framework.

Agency Contact Person: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant number: HS09693

Project Title: The Impact of Mode of Data Collection with Subjects Having Low Literacy Skills

Background/History: Through the Dissertation Research Grant Program AHCPR seeks to expand the number of researchers who conduct health services research in areas of interest to the agency with a special focus is on health issues related to priority populations including minority populations, women, and children.

Purpose: This study will provide information on how subjects with low literacy skills respond on standardized instruments used in health research.

Target Population Served: African-American women.

Dollars Involved by Fiscal Year: FY97 \$31,622; FY98 \$0

Expected or Reported Outcome and/or Impact: The research will provide insight as to the methods that are best suited to administering questionnaires to this segment of the population.

Agency Contact: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant number: HS09700

Title of grant: Annual National Research Service Award (NRSA) Trainees Conferences

Purpose of the Activity: The annual meeting is intended to foster collaborative working relationships across academic institutions and health services research trainees receiving support from the National Research Service Awards (NRSA) program. It offers trainees the opportunity to: present their research; receive outside critiques of their presentations on ongoing projects; and meet experts who can help advance their research interests and career goals.

Target Population Served: Approximately 10% of AHCPR support for this project directly goes to providing 10 undergraduate minority students with an interest in a career in health policy, the opportunity to attend the meeting and interact with the research community.

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$10,000 (10% of \$107,830)

Expected or Reported Outcome and/or Impact: The intent of sponsoring the attendance of undergraduate minority students at the conference is to stimulate their interest in the field for future career consideration.

Agency Contact Person,: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant number: HS09703

Title of grant: Multi-Method Assessment of Medicaid Managed Care

Background/History of activity: Discretionary grant (R01)

Purpose: To assess access, satisfaction, targeted health-care outcomes, and costs of care for New Mexico's low-income population before and after implementation of Medicaid managed care (MMC); to examine the effects of MMC reform on safety-net institutions serving at-risk populations and on communities; and to measure changes in preventable, adverse sentinel health outcomes.

Target populations served: American Indian, Asian American, African American and Hispanic American.

Number of people served/reached: Data unavailable.

Dollars involved by Fiscal Year: FY97 \$0; FY98 \$479,855

Expected outcome or impact: Practical knowledge about the impact of MMC that can guide future policy decisions in New Mexico and other States with rural and ethnically diverse populations.

Agency Contact Person: Jayasree Basu, Project Officer, 301-594-4032

Grant number: HS09722

Title of grant: Improving Primary Care of African Americans with NIDDM

Background/History: Newly funded research grant project (R01)

Purpose: A randomized controlled trial to compare two alternative approaches of program interventions for helping primary care providers better manage urban African Americans with non-insulin dependent diabetes mellitus (NIDDM): (1) computer flowsheets emphasizing diabetes-related parameters, with reminders to indicate a need for change in therapy and to advise alternate care strategies, and/or (2) face-to-face feedback from directed discussion with endocrinologists, reviewing patient management, explaining therapies, and suggesting approaches to improve care.

Target Populations Served: African Americans with NIDDM

Number of People Served/Reached: A total of 3,000 patients are expected to be enrolled in the trial.

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$619,635

Expected or Reported Outcome and/or Impact: One of the fundamental challenges in the treatment of diabetes is the demanding nature of the care management required of the primary care providers, which often resulted in sub-optimal outcomes in terms of patients' Hemoglobin A1c level -- a surrogate outcomes marker and predictor of diabetes-related microvascular/macrovascular complications. The study should help identify if, and which, in particular, supporting systems designed to facilitate and sustain the implementation of effective care strategies indeed improve diabetes management in primary care settings.

Agency Contact Person: Yen-pin Chiang, Ph.D., Health Scientist Administrator, 301-594-1485

Grant Number: HS 09754

Title of Grant: Measuring and Improving Quality: Carotid Endarterectomy

History of the Activity: Newly funded grant from FY1998 grant solicitation

Purpose of the Activity: To develop and test measures of appropriateness for carotid endarterectomy

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$420,073

Expected or Reported Outcome and/or Impact: Carotid endarterectomy is a surgical procedure to clear the carotid artery of obstructions reducing blood flow to the brain to prevent stroke and related conditions. This project will investigate quality of care in carotid endarterectomy, including appropriateness, risk-adjusted complications (death, stroke, and myocardial infarction), and the relationship of specific surgical processes of care to outcomes. Past research has indicated that carotid endarterectomy is a highly effective surgical procedure, but that there are substantial problems in the quality of its actual performance. Problems include inappropriate selection of candidates, high rates of complications, high rates of complications when performed by providers who conduct the procedure infrequently, and substantial underuse in minority groups. This project would measure these problems and develop and test interventions to remedy them. This is a retrospective, multiple cohort, 2-phase study involving 7 collaborating hospitals in New York and New Jersey of a range of sizes, patient populations, and frequencies of carotid endarterectomy procedures. In phase 1, a panel of national experts will help develop measures of appropriateness, procedural quality, disease severity, and comorbidity. Data will be collected from hospitals and physician offices on surgeries performed in 1996-7. In phase 2, with the collaboration of the Island Peer Review Organization (the HCFA-funded quality-improvement organization), similar data will be collected on a representative sample of 8,000 cases throughout New York State. These data will be used to develop a risk-adjustment model to study process and outcome linkages, thus validating the process measures developed in the earlier phase. Quality improvement interventions would then be designed and carried out in collaboration with the 7 participating hospitals. A final data collection, identical with that in phase 1, would then be carried out to assess the effectiveness of the interventions.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Grant Number: HS09760

Title of Grant: Risk Adjustment Methods for Hysterectomy Complications

History of the Activity: Newly funded grant from FY1998 grant solicitation

Purpose of the Activity: Develop probability-based measures of risk for certain surgical procedures, beginning with hysterectomy

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$154,555

Expected or Reported Outcome and/or Impact: The purpose of this project is to develop methods for risk adjustment for surgical procedures which are performed in otherwise healthy populations. The specific condition chosen for study, hysterectomy in otherwise healthy women, is performed at very high rates for African-American women compared with other women, and complication rates are also higher, despite lower comorbidity. Tools will result from the study which will (1) allow physicians to involve patients in clinical decisions, and also allow probabilistic estimates of individual risk and benefit from hysterectomy and from various approaches to hysterectomy; and (2) allow comparisons of performance of different providers based on outcome. Numbers of African-American patients in the study will be sufficient for specific analyses at the patient level. The study will look retrospectively at 10 years worth of hysterectomy patients from time of admission to 6 weeks post-discharge (the usual

time for a follow-up appointment). Outcomes are mortality, length of stay, total hospital charges, and complications. Medical records, including operative notes, will be abstracted for patient data, and reviewed by experienced gynecologists. A surgical difficulty scale will be developed, taking into account differences between vaginal and abdominal surgeries. Reviewers will also assign a global difficulty score to each case. Models will be developed to predict complication risk based on physician global scores, the surgical difficulty score, and multivariate regression analysis of patient characteristics.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Grant Number: HS09782

Title of Grant: MAJIC: Making Advances Against Jaundice in Infant Care

History of the Activity: Newly funded from FY1998 grant solicitation

Purpose of the Activity: To improve detection and treatment of jaundice in newborns

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$79,750

Expected or Reported Outcome and/or Impact: The purpose of this project is to develop and evaluate a model for Collaborative Quality Improvement in loosely structured managed care organizations (MCOs). Very little research has been done on ways of improving quality of care in loosely structured MCOs, and feedback of information reflecting both clinical performance from a professional perspective and the parents' experience of care is a unique intervention. The specific condition selected for intervention is one of particular significance in minority racial/ethnic populations. Newborn jaundice is a frequent and highly treatable condition with rare, though potentially catastrophic, consequences if unrecognized. Shorter hospital stays in recent years have increased the risk of failure to recognize the condition. Incidence is especially high among certain minority groups. Jaundice occurs about twice as often in Asian, Native American and Greek babies as in others. African-American babies are somewhat less affected, but because of skin pigment the condition may go unnoticed until damage has been done. Also, about 13% of African-American male babies (but only 2% of females) are prone to a type of inherited blood disease called G6PD deficiency. It is also quite common in Southern Chinese, Sephardic Jews, and Filipinos, and often causes jaundice in newborns. Recent case reports of kernicterus, a catastrophic progression of jaundice, have suggested that shorter hospital stays have led to increased incidence of a condition that had been thought to be wiped out.

An integrated health care system and a loosely-structured MCO will collaborate, each one working internally on QI but also collaborate to exchange performance data related to the American Academy of Pediatrics guideline for elevated serum bilirubin (jaundice). Patient care units caring for babies during the first months of life will be assigned as Alpha or Beta test sites. Alpha sites will implement collaborative QI first, while the Beta sites are supplying comparative data only; a year later, the Beta sites will implement the intervention as modified according to Alpha site experience and clinical feedback. After Beta testing is initiated, Alpha sites will begin receiving feedback from parent experience. Comparisons will be made to determine the usefulness of the clinical and the parental measures. The two sites combined have substantial populations of African Americans, Hispanics, and Asians, so that race/ethnic-specific analyses should be possible.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Grant number: HS09790

Title of grant: Innovations Incentive Initiative In HSR Training

Background/History: Health services research is a dynamic field which arose from the need to apply cross-disciplinary perspectives to the development of new conceptual and methodological approaches for use in understanding and studying the health care delivery system. Many of the most dramatic changes in the US health care system in the last three decades have involved the growth of managed care. These changes increase the need to train health services researches to function productively in the new health care delivery system.

Purpose of the Activity: This grant will provide the motivation, structure, and resources to accelerate and diversify the introduction of innovative approaches to health services research training within the current structure of the established training program in HSR at the University of Pennsylvania.

Target Population Served: Minority trainees

Dollars Involved by Fiscal Year: FY97 \$0; FY 98 \$54,076

Expected or Reported Outcome and/or Impact: Provide innovative ways to produce outstanding health services researchers capable of contributing to the many levels and specialties within health services research.

Agency Contact: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant number: HS09797

Title of grant: Managed Care/University Research and Training Partnership

Background/History: Health services research is a dynamic field which arose from the need to apply cross-disciplinary perspectives to the development of new conceptual and methodological approaches for use in understanding and studying the health care delivery system. Many of the most dramatic changes in the US health care system in the last three decades have involved the growth of managed care. These changes increases the need to train health services researches to function productively in the new health care delivery system.

Purpose: This project builds on the existing relationship between the AHCPR Training Program at Case Western Reserve and the Henry Ford Health System. It focuses on two important aspects of change in health care delivery: the increasing importance of managed care and finding ways to break down barriers to use of health services by minority populations.

Target Population Served: Under-represented minority students

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$63,867

Expected or Reported Outcome and/or Impact: Enhance the HSR training program at Case Western Reserve and expand the HSR training of health care providers actively involve in patient care in the Henry Ford Health System institutional setting.

Agency Contact: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant Number: HS09809

Title of grant: Developing a Demographic-Based Resource Allocation Model

Background/History: Investigator-initiated research project (R01)

Purpose: The issues addressed in this study include the relationship between efficiency and equity, the distributional effects of real world resource allocation constraints, and the resulting efficiency loss. The overall goal of this study is to develop a resource allocation model that can be used by a variety of

policy makers to assess the consequences of different allocation decisions.

Target Populations Served: Racial and ethnic minority populations

Number of People Served/Reached: not applicable

Dollars Involved by Fiscal Year: FY97 \$0; FY98: \$71,834

Expected or Reported Outcome and/or Impact: This project will develop a resource allocation model that combines the demographics of South Carolina (county level age, gender and race) with current epidemiologic data (county specific coronary heart disease [CHD] risk factor prevalence) and cost effectiveness data to calculate the most efficient (maximum life years gained) distribution of additional CHD prevention resources.

Agency Contact Person: William Encinosa, Project Officer, 301-594-6825

Grant Number: HS09824

Title of Grant: Improving Health Outcomes in Diverse Populations

Background/History: Conference grant to the MEDTEP Research Centers on Minority Populations

Purpose: To bring together Minority MEDTEP Centers to share, learn and evaluate Centers' progress, and to develop future plans of action, including approaches to impacting health care policy; to inform AHCPR, Congress, other Federal agencies, the public and scientific communities, and other MEDTEP Centers about progress and findings from the minority MEDTEP Centers relating to health outcomes research, training minority researchers, methods of dissemination of research findings, approaches to providing technical assistance, and approaches to community outreach; and to communicate recommendations to funding agencies regarding future directions of research on minority health outcomes.

Target Population Served:

Number of People Served/Reached: Representatives from each of the originally funded minority MEDTEP Centers and representatives from Agencies within DHHS, and public and scientific communities.

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$38,500

Expected of Reported Outcome and/or Impact: A Directory of MEDTEP Centers which will serve as a resource guide for those looking for information on minority health issues.

Agency Contact Person, Title, Telephone Number: Sandra Isaacson, Director, User Liaison Program, 301-594-2067.

Grant Number: HS09831

Title of grant: Managed Care and Community Health Centers

Background/History: Investigator-initiated research project (R01)

Purpose: The two objectives of this project are to assess the determinants of Community Health Centers' involvement in managed care and the impact of managed care on Community Health Centers (CHCs). Such knowledge is critical for the continued success of CHCs in carrying out their mission to serve the nation's underserved and vulnerable populations.

Target Populations Served: Vulnerable populations including racial and ethnic minorities.

Number of People Served/Reached: not applicable

Dollars Involved by Fiscal Year: FY97 \$0; FY98: \$81,000

Expected or Reported Outcome and/or Impact: This project will provide information to better understand the impact of managed care on CHC outcomes, such as the proportion of uninsured patients, vulnerable patients, proportion of expenses used for enabling services, financial stability,

efficiency, and productivity. Such knowledge is critical for the continued success of CHCs in carrying out their mission to serve the nation's underserved and vulnerable populations.

Agency Contact Person: Kelly Devers, Project Officer, 301-594-6823

Grant number: HS09894

Title of grant: Racial Differences in Medical Care Satisfaction

Background/History: Dissertation grant. Through the Dissertation Research Grant Program AHCPR seeks to expand the number of researchers who conduct health services research in areas of interest to the agency with a special focus is on health issues related to priority populations including minority populations, women, and children.

Purpose of the Activity: The purpose of this study is to identify reasons for the observed racial differences in satisfaction with medical care and to clarify key reasons behind the lower satisfaction with health care reported by African Americans.

Target Population Served: African Americans

Dollars Involved for each Activity (grant) by Fiscal Year: FY97 \$0; FY98 \$29,482

Expected or Reported Outcome and/or Impact: This project is expected to clarify some of the reasons for the lower satisfaction with care that is reported by African Americans.

Agency Contact: Karen Rudzinski, Ph.D., Acting Director, Research Education Division, ORREP, 301-594-1449

Grant Number: HS09973

Title of Grant: Outcomes of Instability on Discharge in Urban Hospitals

History of the Activity: Newly funded grant from FY1998 grant solicitation

Purpose of the Activity: To examine the effect of instability at hospital discharge on outcomes of care

Dollars Involved by Fiscal Year: FY97 \$0; FY98 \$250,952

Expected or Reported Outcome and/or Impact: Introduction by Medicare of the prospective payment system in the 1980s, followed more recently by managed care, utilization management and other cost-minimizing strategies, have clearly reduced hospital lengths of stay. At the same time, more patients are discharged sicker and quicker, before their problems are fully resolved - that is, unstable. Not surprisingly, these unstable patients are at high risk for poor outcomes. Particularly vulnerable are patients of urban hospitals, typically inner-city residents, poor, uninsured, minorities, and elderly. A well validated and risk-adjusted set of measures of instability on discharge, both generic and condition-specific, would be of great value as indicators of quality of hospital care. Based on analysis of existing data on adults with pneumonia and hip fracture and observations of a cohort of 500 adults hospitalized with asthma, this study will develop both generic and disease-specific instability measures and test them as indicators of quality of care.

Agency Contact Person, Title, Phone Number: Elinor Walker, Health Scientist Administrator, 301-594-2049

Appendix C

Summaries of Intramural
AHCPR
Research Activities
and
Additional
Minority Health Program
Activities
Funded in FY 1997/98

Title of the Program or Activity: Asian Americans and Pacific Islanders Initiative: Health and Human Service Needs of Asian Americans and Pacific Islanders

Background/History of the Activity: The Deputy Secretary, DHHS, announced this Initiative on June 26, 1997.

Purpose of the Activity: Address recommendations and strategies from the National Summit of Asian and Pacific Islander American Health Organizational Leaders, and other social, welfare, education, training, and other human service needs of these populations.

Target Populations Served: Asian American and Pacific Islander Populations

Number of People Served/Reached: Not available

Dollars Involved for each Activity by Fiscal Year ('97, '98):

In FY97 \$64,800, supported the translation of patient pamphlets into AAPI languages: *Prescription Medicines and You* and *You Can Quit Smoking* were translated into Chinese, Vietnamese, Cambodian, and Korean, and *You Can Quit Smoking* also was translated into Tagalog and Laotian. In FY 98, \$10,000 in funding provided partial support, in collaboration with other DHHS Agencies, of the conference: Cancer Concerns in Asian Americans and Pacific Islanders.

Expected or Reported Outcome and/or Impact: Wide dissemination of health information important to AAPI populations. The conference focused attention on public health and medical care issues for AAPI patients with cancer, and is expected to develop recommendations for a range of health care agencies regarding this issue.

Agency Contact Person: Morgan N. Jackson, M.D., M.P.H., Director, Minority Health Program, 301-594-0147

Title of Program/Activity : Healthcare Cost and Utilization Project (HCUP)

Background/History: This is a database that has been developed with AHCPR.

Purpose: The purpose of this project is to develop hospital discharge abstract databases for research purposes. HCUP includes two data bases covering 1988-1996, with 1996 data available early in 1999. These all-payer databases were created through a Federal-State-industry partnership to build a multi state health care data system. Both data bases contain patient-level information for inpatient hospital stays in a uniform format with privacy protections. The State Inpatient Database (SID), available from the partner states, contains all inpatient records for all community hospitals in 19 states, and ambulatory surgery data from five states. The Nationwide Inpatient Sample (NIS) is drawn from the SID to approximate a national sample of 950 hospitals and includes all inpatient records (6.5 million) from these institutions. These data bases can be directly linked to county-level data from the Health Resources and Services Administration's Area Resource File and to hospital-level data from the Annual Survey of the American Hospital Association. Fourteen of the 19 states include information on race/ethnicity on the patient record. HCUP data can be used to assess disparities among population subgroups in conditions, treatments and outcomes.

Target Populations Served: Not applicable

Number of People Served/Reached: not applicable

Dollars Involved for Each Activity by Fiscal Year: FY97 \$ unavailable; FY98 \$190,000 (calculated as a percentage, based on minority representation in the total sample)

Expected or Reported Outcome and/or Impact: CUP data are used in many research studies, including studies which assess differences in hospitalization and use of procedures among racial and ethnic groups.

Agency Contact Person : Jenny Scantier, Project Officer, 301-594-6827

Title of the Program or Activity: Health Resources and Services Administration (HRS) Centers of Excellence Research Grants Program

Background/History of the Activity: AHCPR collaborated with the Health Resources and Services Administration (HRS) in funding two research project grants for faculty affiliated with HRS Centers of Excellence. The goal of this program is to strengthen the nation's capacity to train minority students in the health professions.

Purpose of the Activity: By supplementing program funding, which excluded research activities, AHCPR provided research opportunities for junior faculty affiliated with these Centers.

Target Populations Served: Junior faculty affiliated with HRS-funded Centers of Excellence

Number of People Served/Reached: Funding permitted support of two investigators.

Dollars Involved for each Activity by Fiscal Year ('97, '98): FY 97 \$0; FY 98 \$150,000. This was a one time activity.

Expected or Reported Outcome and/or Impact: One of the grants awarded as a result of the competitive solicitation will investigate community-academic research partnerships in the delivery of quality health care with a focus on minority aging research. The other grant will examine the disparities in health care for college-educated African-American men, their health care experiences, attitudes and health behaviors. Both grants will provide useful information as AHCPR builds the knowledge base to eliminate health disparities for minority populations.

Agency Contact Person: Morgan N. Jackson, M.D., M.P.H., Director, Minority Health Program, 301-594-0147.

Title of the Program or Activity: Hispanic Initiatives : White House Initiative - Educational Excellence for Hispanic Americans; DHHS Hispanic Agenda for Action

Background/History of the Activity: Executive Order 12900, Educational Excellence for Hispanic Americans, signed February 22, 1994, directed Executive Departments to develop plans to "help Hispanic Americans attain the educational improvement targets set forth in National Education Goals...."

Purpose of the Activity: The Agencies were to undertake efforts "to increase Hispanic American participation in Federal education programs where Hispanic Americans currently are underserved," and "improve educational outcomes for Hispanic Americans participating in Federal education programs."

Target Populations Served: Hispanic Americans

Number of People Served/Reached: Not available

Dollars Involved for each Activity by Fiscal Year ('97, '98):

FY 1997 funding of \$264,300 included:

- \$210,000 to support the Latino co-Principal Investigator of the University of California - San Francisco MEDTEP Research Center;
- \$10,200 to support attendance by 2 Hispanic students in the health policy summer program at Harvard Medical School;
- \$10,000 in partial funding for the National Hispanic Youth Initiative, a summer program for Hispanic high school youth;
- \$5,000 for partial funding in collaboration with other DHHS Agencies to support the DHHS National Hispanic Health Symposium; and
- \$29,100 for translation of patient brochures *Prescription Medicines and You* and *Alzheimer's Disease* into Spanish.

FY 1998 funding of \$112,668 included:

- \$25,000 for technical assistance to Hispanic faculty through the Inter-University Program on Latino Research;
- \$8,900 to fund the participation of one Latina at the health policy summer program at Harvard Medical School ;
- \$10,000 for partial support of the National Hispanic Youth Initiative in collaboration with other DHHS Agencies;
- \$41,768 for a minority supplement to support training of a Latino researcher on an AHCPR-funded grant; and
- \$27,000 for Spanish translations of the patient brochures *Choosing and Using a Health Plan*, *Common Uterine Conditions*, and the Consumer Assessment of Health Plans Questionnaire.

Expected or Reported Outcome and/or Impact: To build the capacity to conduct health care research regarding Hispanic populations at Hispanic Serving Institutions (HSIs), member schools of the National Association for Hispanic Serving Health Professions Schools (NAHSHPS), and the Inter-University Program on Latino Research (IUPLR); provide training for Hispanic investigators focusing on these institutions, and offer career exposure opportunities to Hispanic students.

Agency Contact Person, Title, Phone Number: Morgan N. Jackson, M.D., M.P.H., Director, Minority Health Program, 301-594-0147

Title of the Program or Activity: **Historically Black Colleges and Universities Initiatives (HBCU) - White House and DHHS**

Background/History of the Activity: Executive Order 12786 signed November 1, 1993 directed Executive Departments to enter into grants, contracts, and cooperative agreements with HBCUs in order to strengthen their capacity "to provide quality education, and increase opportunities to participate in and benefit from Federal programs..." DHHS developed a Strategic Plan in response to the White House Initiative.

Purpose of the Activity: As noted above -- "to provide quality education, and increase opportunities [of HBCUs] to participate in and benefit from Federal programs..."

Target Populations Served: Historically Black Colleges and Universities, their students and faculty

Number of People Served/Reached: not available

Dollars Involved for each Activity by Fiscal Year ('97, '98):

Funding in FY 1997 totaled \$189,900, providing:

- \$150,000 of support to Meharry Medical College, in collaboration with other HHS units, for the Meharry Demonstration Project, which is using a managed care model to develop and implement programs to serve medically indigent patients. The project will develop health outcome measures, disseminate information, expand curricula, and evaluate the projects' activities and outcomes;
- \$15,300 to support the participation of 3 HBCU honors students in an 8-week summer health policy program at Harvard Medical School;
- \$15,000 for a summer internship for a graduate level HBCU student at AHCPR. The summer internship experience provided an invaluable opportunity for the student to experience first hand AHCPR's work in health care research and gain exposure to the potential career opportunities in the field;
- \$9,600 to support services from an HBCU faculty consultant on a small grant at the University of Alabama to study the impact of managed care on access and utilization of health care services by African-Americans. and

- \$10,000, in collaboration with other DHHS Agencies, to support the National African-American Youth Initiative, a summer program for high school youth from around the country.

Funding in FY 1998 totaled to \$420,000, providing:

- \$180,000 for continuation funding of the Meharry Demonstration Project;
- \$54,000 to support 6 HBCU students at the Harvard Medical School summer policy program;
- \$16,000 for 2 summer interns at AHCPR;
- \$25,000 for technical assistance to HBCU faculty;
- \$75,000 in funding for projects at the Tuskegee Center on Bioethics;
- \$50,000 to fund a collaborative project between the Morehouse School of Medicine and the National School of Public Health at the Medical University of South Africa
- \$10,000 to support the Minority Health Professions Foundation Biomedical Careers Symposium for minority high school, college, and graduate students; and
- \$10,000 in support for the National African-American Youth Symposium for high school students.

Expected or Reported Outcome and/or Impact: Build the capacity to conduct health care research at HBCUs, provide training for minority investigators from HBCUs, and offer career exposure opportunities to students affiliated with HBCUs.

Agency Contact Person, Title, Phone Number: Morgan N. Jackson, M.D., M.P.H., Director, Minority Health Program, 301-594-0147

Title of Program/Activity: Medical Expenditure Panel Survey (MEPS)

Background/History: MEPS is the third in a series of national probability surveys conducted by AHCPR on the financing and use of medical care in the United States. Beginning in 1996, MEPS incorporates design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system. The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995 which focused on consolidating DHHS surveys. The MEPS design includes linkage with the National Health Interview Survey (NHIS), from which the sample for the MEPS household component is drawn. NHIS not only provides a nationally representative sample of the U.S. noninstitutionalized population, but also provides an oversampling of Hispanics and blacks.

Purpose of Activity: MEPS is a survey conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS collected medical expenditure data at both the person and household levels and includes detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

Target Populations Served: The surveys are intended to provide information on the entire U.S. non-institutionalized population. Sample sizes are large enough to permit studies on Hispanic Americans and African Americans, but sample sizes for Asian Americans, Pacific Islanders, American Indians and Alaska Natives are not large enough for analyses.

Number of People Reaches/Served: The total sample size in these surveys is 21,571. This includes 5,026 Hispanic Americans, 3,456 African Americans, 670 Asian Americans and Pacific Islanders, 354 American Indians, and 23 Eskimos.

Dollars involved by Fiscal Year: FY97 \$ unavailable; FY98 \$356,147 (apportioned)

Expected or Reported Outcome and/or Impact: For year 1997, AHCPR staff produced three Research Findings based on data from the Medical Expenditure Panel Survey (MEPS). These three Research Findings are: *Health Insurance Status of the Civilian Noninstitutionalized Population: 1996*, *Health Insurance Status of Workers and Their Families: 1996*, and *Access to Health Care – Sources and Barriers, 1996*. Although not specifically targeted to minority groups, these three Research Findings did include statistical analyses for different racial/ethnic groups regarding health insurance status, access to health care, perceived health status, usual source of care, and barriers to obtaining health care. For year 1998, CCFS produced the *Children's Health 1996* chartbook. Like the Research Findings, this chartbook did not specifically target minority groups; however, it did include specific statistical analyses on the children in different racial/ethnic groups regarding health insurance, access to health care, and health status. In addition, during 1998, CCFS also produced the *Racial and Ethnic Differences in Health 1996* which is expected to be published early 1999. This chartbook specifically targeted minority groups for comparing differences in health insurance, access to care, and health status. Finally, the *Use of Health Care Services Among the Civilian Noninstitutionalized Population – 1996* Research Findings was also written. Targeted for publication in early 1999, this report includes statistical analyses for minority groups in the use of ambulatory medical care, inpatient hospital services, dental care, home health care, and prescription medicines.

Agency Contact Persons: Karen Beauregard, 301-594-0454; Barbara Kass, 301-594-7076

Title of Program/Activity: Minority Supplements Program

Background/History of the Activity: This program was initiated in FY 1991 and has been continued annually.

Purpose of the Activity: Increase involvement of minority health professionals in ongoing health services research, and/or emphasize research on issues affecting minority populations.

Target Populations Served: Racial and ethnic investigators under-represented in health services research

Number of People Served/Reached: FY97 - 13 trainees (9 new and 4 continuing in addition to one non-trainee supplement); FY98 - 12 trainees (8 new and 4 continuing).

Dollars Involved by Fiscal Year: FY97 \$950,147; FY98 \$1,454,169

Expected or Reported Outcome and/or Impact: Increase the number of minority investigators involved in health care research in order to improve the understanding of problems encountered in delivering and ensuring health care in minority populations.

Agency Contact Person, Title, Phone Number: Morgan N. Jackson, M.D., M.P.H., Director, Minority Health Program, 301-594-0147

Title of the Program or Activity: Tribal Colleges and Universities (TCU) Initiative

Background/History of the Activity: Executive Order 13021, signed October 19, 1996, instructed Executive Departments to increase Federal resources committed to TCUs.

Purpose of the Activity: To provide access to opportunities afforded to other institutions, and preserve and revitalize American Indian/Alaska Native Languages and cultural traditions.

Target Populations Served: American Indian and Alaska Native Colleges and Universities, their students and faculty.

Number of People Served/Reached: Not available

Dollars Involved for each Activity by Fiscal Year ('97, '98): No initiatives were funded in FY 97.

In FY 98, \$21,930 was allocated: \$15,000 to support a conference of TCU Presidents, in collaboration

with other DHHS Agencies; and \$6,930 to support one Native American summer intern at AHCPR. (The selected intern chose to work at another Agency at the last minute and could not be replaced.)

Expected or Reported Outcome and/or Impact: Development of plans for initiatives to assure participation of TCUs in Agency activities. AHCPR will continue to work in collaboration with other DHHS Agencies in accomplishing the objectives of this Executive Order.

Agency Contact Persons: Wendy Perry, Senior Program Analyst 301-594-7248; Morgan N. Jackson, M.D., M.P.H., Director, Minority Health Program, 301-594-0147

Appendix D

Minority Health Program Brochure:

Preparing for a Career in Health Services Research

Preparing for a Career in Health Services Research

AHCPR Minority Health Program

The Agency for Health Care Policy and Research (AHCPR) supports training opportunities to help individuals prepare for a career in health services research. AHCPR is particularly interested in fostering the professional development of minority health services researchers.

Health services research affects a wide-range of issues, including consumer education; patient outcomes and effectiveness of care; health care quality; health care for minority, elderly, and other special populations; health care costs and financing; information for health care policymakers; and access to care and health care delivery.

Contents

What is health services research?

Is a career in health services research right for you?

What kinds of training are available?

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What are the requirements for a NRSA individual fellowship?

Who is eligible for a dissertation grant?

How can I get more information and application materials?

Where can I get more information about AHCPR's Minority Health Program?

About AHCPR

What is health services research?

Health services researchers focus on some of the most complex and challenging issues currently affecting health care in the United States. Findings from health services research inform the health care policymaking process, lead to improvements in clinical practice, and help shape the manner in which health care will be delivered and paid for in the future.

Health services researchers examine health care quality and effectiveness, patient outcomes, access to care, health care costs and financing, primary and managed care, new technologies, and other critical topics. Health services researchers are pursuing careers in many settings, including academia, professional organizations, health policy groups, clinical settings, and in Federal, State, and local agencies. Is a career in health services research right for you?

If you are interested in research on the questions and problems that are in the forefront of today's health care arena, a career in health services research may be right for you. AHCPR is seeking qualified applicants, particularly minority applicants, who are interested in training opportunities to prepare them for a career in health services research.

What kinds of training are available?

AHCPR supports both pre-doctoral and postdoctoral training through the National Research Service Award (NRSA) program. AHCPR awards NRSA training grants to institutions for pre-doctoral and postdoctoral training and individual NRSA fellowships to applicants who have completed their doctoral degrees. In addition, AHCPR supports dissertation grants for doctoral candidates. Minority candidates are strongly encouraged to apply for these fellowships and grants.

Who may apply for a NRSA institutional training grant?

NRSA institutional training grants assist domestic institutions in supporting pre-doctoral and postdoctoral academic training of qualified individuals who have demonstrated an interest in health services research. These training grants are awarded by AHCPR to institutions, not individuals. The awards allow trainees to gain 1 or more years of full-time, supervised experience in applying research methods to the evaluation of health services in preparation for a career in health services research.

Candidates for pre-doctoral training grants must have a baccalaureate degree and be enrolled in a Ph.D. program or a program leading to an equivalent degree. NRSA grants may not be used to support studies leading to an M.D. Candidates for postdoctoral training grants must have a Ph.D., M.D., D.D.S., Dr. P.H., Sc.D., D.N.Sc., or other doctoral degree. Tuition benefits are provided, as well as stipends to help trainees defray living expenses during the research training experience. For a brief description of all programs and appropriate points of contact for each, select AHCPR-Supported Institutional Training Programs.

What are the requirements for a NRSA individual fellowship?

NRSA fellowships are awarded to individuals and monitored by AHCPR. These postdoctoral fellowships provide for 1 or more years of academic training and supervised experience in applying quantitative research methods to the systematic analysis and evaluation of health services. Applicants must have a Ph.D., M.D., D.D.S., Sc.D., Dr. P.H., or equivalent doctoral degree from an accredited domestic or foreign institution. This is an ongoing AHCPR program announcement, and applications are accepted throughout the year.

Recipients of AHCPR-supported NRSA fellowships receive stipends to help defray living expenses. Sponsoring non-Federal, nonprofit institutions receive an allowance to cover some of the awardee's expenses. Prior to making formal application for this program, you must be accepted by an appropriate institution and a sponsor who will supervise your training and research experience.

Who is eligible for a dissertation grant?

AHCPR supports, through its small grant program, research undertaken as part of an academic program to qualify for a doctorate. To be eligible for a dissertation grant, you must be enrolled in a doctoral program which requires a dissertation based on original research in disciplines relevant to health services research. All requirements for the doctoral degree—other than the dissertation—must be

completed by the time of the award.

Dissertation grant application receipt dates are May 1 and November 15, annually. If you think you may be interested in an AHCPR-supported dissertation grant, you are strongly encouraged to discuss your project with the AHCPR coordinator listed below before applying.

How can I get more information and application materials?

To find out more about the NRSA individual fellowships and training grants sponsored by AHCPR, obtain a list of institutions participating in the training grant program, or get more information about the Agency's dissertation grant program, contact:

Debbie Rothstein, Ph.D.
Office of Scientific Affairs
Agency for Health Care Policy and Research
2101 East Jefferson Street, Suite 400
Rockville, MD 20852
Phone: (301) 594-1449
E-mail: drothste@ahcpr.gov

Training information online includes: AHCPR Research Training Grants, National Research Service Award: Individual Postdoctoral Fellowships, and AHCPR-Supported Institutional Training Programs. You can also access information on Funding Opportunities.

You can request a print copy of the AHCPR Funding Opportunities Fact Sheet from AHCPR InstantFAX. For instructions on using AHCPR InstantFAX, use the telephone handset from your fax machine to call (301) 594-2800. Use the key pad on the receiver when responding to prompts. AHCPR Instant FAX operates 24 hours a day, 7 days a week.

Where can I get more information about AHCPR's Minority Health Program?

AHCPR's Minority Health Program focuses on both health services research issues and problems that are important to minority individuals and populations and on increasing the participation of minority researchers in health services research. To find out more about AHCPR's minority research portfolio, contact:

Morgan N. Jackson, M.D., M.P.H.
Director, Minority Health Program
Agency for Health Care Policy and Research
2101 East Jefferson Street, Suite 500
Rockville, MD 20852
Phone: (301) 594-0147
E-mail: mjackson@ahcpr.gov

About AHCPR

AHCPR is an agency of the U.S. Department of Health and Human Services. It was established in 1989 as the Federal focal point for health services research and to continue and build upon the work of the former National Center for Health Services Research and Health Care Technology Assessment, which had been in existence since 1968.

AHCPR's mission is to support research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR develops and disseminates research-based information to increase the scientific knowledge needed to enhance consumer decisionmaking, improve health care quality, and promote efficiency in the organization of public and private systems of health care delivery.

AHCPR is based in Rockville, MD, and has a staff of about 250 professional, technical, and support personnel, including many health services researchers.

If you would like to know more about AHCPR and want to keep abreast of its activities, call the agency's Publications Clearinghouse at 800-358-9295 to subscribe to Research Activities (select to access issues online). Research Activities is AHCPR's free monthly digest of recent research findings, funding opportunities, upcoming conferences, and other timely and important information for the health services research community.

AHCPR is committed to increasing the number of minority health services researchers through enhancing awareness of the training opportunities available to minority applicants.

U.S. Department of Health and Human Services
Agency for Health Care Policy and Research
2101 East Jefferson Street, Suite 603
Rockville, MD 20852

AHCPR Publication No. 97-0040 November
1998

ATTACHMENT 2

Centers for Disease Control and
Prevention

Tab A

Disease Prevention and Treatment

NCHSTP MINORITY HEALTH ACTIVITIES

CIO Name: National Center for HIV, STD and TB Prevention

Title of the Program or Program Activity: Minority CBOs and NRMOS

- CDC awarded funding through state and local health departments by CDC on a competitive basis to support racial and ethnic minority CBOs in 30 locations to address high priority HIV prevention needs in African American and Latino populations.
- CDC directly funded minority and other community-based organizations to design and implement HIV prevention programs that are highly targeted to high risk individuals within racial and ethnic minority populations. Many serve gay and bisexual men of color or injection drug users as their primary focus. CDC currently provides funding for 94 community-based organizations through this program. Seventy-one (76%) of these organizations direct their programs to African Americans.
- CDC funds programs to assist National and Regional Minority Organizations in building capacity to deliver HIV prevention programs and services within these communities. Of these, many organizations directly serve the African-American community. Organizations supported through this initiative include the National Organization of Black County Health Officials (\$450,000), the National Minority AIDS Council (\$455,000), the Association of Black Psychologist (\$320,000), the National AIDS Minority Information and Education Program (\$291,000), and the National Council of Negro Women (\$451,000).

Background/History of the Activity: Since 1986 CDC has sought to include minority HIV prevention through funding of National, Regional and local community organizations.

Number of People Served/Reached: 1 million or more.

Dollars Involved for each Activity by Fiscal Year:

FY 1998 CBO Funding: \$24 million

FY 1998 NRMOS Funding: \$ 9 million

Expected or Reported outcome and/or Impact: Reduction of HIV among minority populations

Agency Contact Person, Title, Phone Number:

Bill Jenkins, Epidemiologist, (404) 639-8367

CIO Name: National Center for HIV, STD, and TB Prevention

Title of the Program or Program Activity: HIV Prevention in Communities of Color Project

Background/History of the Activity:

- In spite of current prevention efforts, African Americans remain disproportionately infected and affected by the HIV/AIDS epidemic. The proportion of African American AIDS cases in the U.S. is 3.3 times the proportion of African Americans in the population (43% vs 13% 1997). Of people reported with AIDS from July 1996 to June 1997, 43% were Black and 36% were White. In 1996, the annual AIDS incidence rate among African American adults and adolescents was seven times that of Whites. The African American rate was eight times greater than Whites in 1997. In 1996, HIV infection remained the leading cause of death for both

African American men and women 25-44 years of age.

- Hispanics represent an estimated 10% of the total U.S. population, 18% of the 612,078 or 109,252 reported AIDS cases as of June 30, 1997, occurred in Hispanics. Of the 64,966 new AIDS cases reported to CDC from July 1996 through June 1997, 12,691 (20%) occurred among Hispanics. The AIDS incidence rate among Hispanics was 41.3 per 100,000 population in calendar year 1996, 3 times the rate for whites (13.5 per 100,000) and half the rate of African Americans (89.7 per 100,000 population). Through June 1997, among Hispanics in the United States, 88,756 AIDS cases had been reported among adult/adolescent men (81% of all cases in Hispanics), 18,663 among adult/adolescent women (17%), and 1,833 among children under the age of 13 (2%).
- A total of 641,086 cases of AIDS has been reported to CDC through December 1997. Of these, 1783 (0.3%) occurred in American Indians and Alaskan Natives (AN/ANs). AN/ANs represent less than 1% of the total U.S. population of 272 million people and are characteristically diverse, comprising many tribes of which 557 are federally recognized.
- While the number of reported AIDS cases among Asian and Pacific Islanders (APIs) remain small (about 1% of total cases reported in the U.S.), under-reporting and a lack of detailed HIV surveillance about APIs may mask the true nature of the epidemic in these populations. AIDS cases by exposure category among (API) can be compared to other ethnic populations. The proportion of men who have sex with men to injection drug users with AIDS in API men (75% vs 5%) is very similar to White men (76% vs 9%) and different from African American (38% vs 26%) and Hispanic men (44% vs 37%). Among women, 46% of API women report sex with an HIV+ or high risk partner as a risk indicator, compared to 39% for White, 36% for Black, and 46% for Hispanic women.

Target Population Served: African Americans/Blacks, Hispanics/Latino(a) Americans, Indian/Alaskan Native Americans, and Asian Americans, Pacific Islanders and Hawaii Natives

Number of People Served/Reached:

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): \$725,000

Expected or Reported outcome and/or Impact:

- Effective targeting of CDC and local resources for comprehensive prevention programs
- More appropriately targeted public and private funding to meet the prevention needs of Communities of Color
- Promote active and stronger leadership among People of Color to address the epidemic in local communities
- A plan for integrating racial-and ethnic-specific HIV prevention strategies across diverse programs and operating units within the Center

- Strategies outlined for communicating effectively with organizations that are key to controlling the epidemic in targeted communities
- Strategies identified for engaging key leaders, and others, who influence attitudes and behaviors related to HIV prevention in the targeted populations

Agency Contact Person, Title, Phone Number:

George W. Roberts, Ph.D, Special Assistant
for Communities of Color, (404) 639-5237

CIO Name: NCIPC

Title of the Program or Program Activity: The Jacksonville Children's Commission Child Care/Family Initiative

Background/History of the Activity: The intervention targets three risk factors associated with youth violence in the target group; early and persistent antisocial behavior, early initiation of problem behavior and family management problems. The intervention will address these risk factors in two ways. First, efforts will be directed at improving the child center environment through staff training. This training is designed to help child care staff work with children to cultivate pro-social behavior, improved problem-solving and conflict resolution skills, improved linkages between school and home, and increased cognitive and language abilities which can contribute to children's resiliency and buffer them from risk factors associated with youth violence. Second, support will be provided to at-risk families at selected child care sites, utilizing home visits to strengthen parenting skills. In-home family support services will work to improve family bonding, increase monitoring and supervision, reduce exposure to and reinforcement of violence in the home and promote positive parental attitudes which encourage children to think about and solve social problems in a non-aggressive, non-violent way. Child care centers serving these families will also be assisted with developing activities to engage parents in their activities.

Target Population Served: Eighteen Subsidized Child Care Centers

Number of People Served/Reached: 293 children, 285 primary caretakers, and 86 child care teachers. Total = 664

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$363,514

FY 1998 - \$402,101

Expected or Reported outcome and/or Impact: Changes attributable to project interventions will be assessed for each cohort, treatment and comparison group. The cost-effectiveness of alternate interventions will also be evaluated.

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297
Marcella Hammett, Scientific Officer, 770-488-4282

CIO Name: NCIPC

Title of the Program or Program Activity: Resource Development Institute Preventing Violence in Children of Mentally-Ill, Substance - Abusing Inmate Parents

Background/History of the Activity: The purpose of this project is to decrease future violence risk potential for children of mentally-ill and/or substance abusing inmate parents by providing the inmate

parents with training in parenting skills, child development, anger control, and conflict resolution. The design for the proposed study is a prospective comparison design using repeated measures. Two hundred sixty inmates out of five hundred twenty study participants will complete training in parenting skills, child development, anger control, and conflict resolution. The parent training modules will be offered in one hour sessions, 2-3 times per week on a rotating module basis. Refresher courses will be administered by research interviews in the community during follow-up interviews. The other two hundred sixty inmates will receive the training modules and will serve as the comparison group. Both groups will complete a baseline interview covering areas such as demographics, current living situation, current family relationships, work, antisocial personality characteristics, self-reported arrests, violent behavior, mental health, and substance abuse treatment. In addition, a number of standardized instruments will be used to measure constructs as psychopathology, reactions to provocation, quality of life, and parenting skills.

Baseline interviews will also be conducted with the inmate's oldest child between the ages of 3 and 10 years of age and that child's caregiver. The child interviews will cover a wide array of areas, and will be assigned so that the intergenerational transmission of violence can be studied in a variety of ways. Children will also complete standardized instruments designed to measure cognitive deficits and child behavior problems. The caregiver's interview will serve as a collateral interview to the inmate and child's interview information. Follow-up interviews with the inmate, their child, and the child's caregiver interviewed at baseline will be conducted at 8 and 12 months post-baseline.

Target Population Served: Children ages 3-10 of Inmate Parents

Number of People Served/Reached: 73

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$346,812

FY 1998 - \$458,311

Expected or Reported outcome and/or Impact: To decrease future violence risk potential for children of mentally-ill and/or substance abusing inmate parents. The major evaluation questions to be addressed include:

- Does participation in the program result in lower levels of child violent behavior reported by caregivers?
- What, if any, positive outcomes for children result from participation in the program (e.g., increased school attendance, less violence witnessed in the home, improved family satisfaction measures)?
- Has the program improved parenting skill levels and knowledge about developmental skill levels?
- Has the program improved participants skill levels and knowledge about anger coping techniques?
- What client characteristics predict successful outcomes during follow-up? Are these characteristics different for the experimental vs. the control group?
- Is the program cost-effective?

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297

Robin Ikeda, Scientific Officer, 770-488-4764

CIO Name: NCIPC

Title of the Program or Program Activity: San Francisco State University, *Safe Start*: Creating Pro-social Environments for Child Development

Background/History of the Activity: The intervention is based on the Safe Start pilot model in training early childhood workers who learn skills to help children impacted by violence, communicate effectively with parents from diverse backgrounds, develop self-awareness in the healing process, and consult and refer appropriately. The pilot model will be expanded to include parent partnerships at child care sites, in cooperation with directors participating in the project. Parents will learn to recognize the impact of violence on children, to help children cope with anger, stress and conflict, to discipline effectively and convert conflict. The goal of the *Safe Start* intervention is to promote pro-social environments for children ages 3 to 10 and their families to reduce children's potential for destructive and violent behavior.

Target Population Served: Children ages 3-5 (36% African American, 24% Asian or Pacific Islander, 11% Hispanic, 18% White and 11% Other) in Fifteen Child Care Centers.

Number of People Served/Reached: 418

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$388,361

FY 1998 - \$418,097

Expected or Reported outcome and/or Impact: The research study will determine the effectiveness of the *Safe Start* intervention program in promoting pro-social child care environments and children's pro-social behaviors, and determine the success of the intervention in promoting positive encounters between parents and children.

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297

Robin Ikeda, Scientific Officer, 770-488-4764

CIO Name: NCIPC

Title of the Program or Program Activity: University of South Carolina □ Early Alliance

Background/History of the Activity: The project design includes an indicated sample at high risk(children showing early cross-setting aggressive behavior at school entry) residing in socioeconomically disadvantaged neighborhoods. The family intervention has three aspects: skill-building, positive home-school linkage, and support with limited advocacy. The intervention involves home-based sessions with parents, children, other caregivers and extended family. Project goals include: (1) evaluation of a family-based preventive intervention supported by school competence; (2) evaluation of the family intervention's effects on parenting difficulties and family social support; (3) longitudinal testing of the underlying social-interactional coping competence model that drives the intervention and design;(4) exploration of individual differences in responsiveness to the intervention; and, (5) monitoring and description of process for the family intervention.

Target Population Served: Children ages 6-8 (94.7% African American, 1.4% Hispanic, & 3.9% White)

Number of People Served/Reached: 508

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$395,473

FY 1998 - \$408,910

Expected or Reported outcome and/or Impact: Determine longitudinally the efficacy of a family intervention beginning at school entry to reduce risk for early-onset conduct disorder and related adverse outcomes (violence, delinquency, school failure, substance abuse).

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297

Lloyd Potter, Scientific Officer, 770-488-4646

CIO Name: NCIPC

Title of the Program or Program Activity: Kent State University - Peace Builders

Background/History of the Activity: Peace Builders is an elementary (K-5) school-based project to reduce physical and verbal aggression by creating a "culture of peace" within the school environment. Throughout the school year, counselors or other specially trained instructors, using various methods such as modeling, role play, self-monitoring, and generalization strategies, teach students to interact socially in a positive way. The main messages are to praise others, avoid insults, seek the advice of wise people, and speak up about hurt feelings. The current study involves continued longitudinal tracking of students ages 5-10 at baseline. Data will also be collected from five major feeder middle schools, thus allowing for further tracking of those original students who are now in middle school and a comparison group of students at the same middle schools who did not attend a PB elementary school.

Target Population Served: Nine elementary schools, Children ages 5-10 (6% African American, 51% Hispanic, & 13% Native American and 28% White)

Number of People Served/Reached: 4500

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$150,000

FY 1998 - \$136,833

Expected or Reported outcome and/or Impact: Determine the long term effects of the Peace Builders program regarding students' prosocial and aggressive behavior.

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297

Tom Simon, Scientific Officer, 770-488-4646

CIO Name: NCIPC

Title of the Program or Program Activity: RMC Research Corporation - Longitudinally Evaluation of Self Enhancement, Inc.

Background/History of the Activity: RMC Research Corporation, working with a variety of private sector consultants and public agency collaborators, proposes to measure the extent of which a previously implemented and evaluated violence prevention program yields sustained effects over three additional years of follow-up. The Self Enhancement Violence Prevention program provided students with adult mentors and programs that included training in conflict resolution and social skills, peer education in violence prevention, recreational opportunities, and academic tutoring. Students spent at least 1 hour per month interacting with their mentor. Services were provided about 13 hours per week during the school year and 25 hours per week during the summer months. The training drew

extensively upon unique African-American cultural foundations and experiences.

Target Population Served: African-American students, ages 15-19, (95% African American)

Number of People Served/Reached: 320

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$127,000

FY 1998 - \$132,858

Expected or Reported outcome and/or Impact: Determine the long term effects of the Self Enhancement, Inc. program regarding students' prosocial and aggressive behavior and to determine the most salient characteristics of students with the most positive and lasting effects of the SEI violence prevention program.

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes , Project Officer, 770-488-4297

Tom Simon, Scientific Officer, 770-488-4646

CIO Name: NCIPC

Title of the Program or Program Activity: Virginia Commonwealth University - Longitudinal Evaluation of Responding in Peaceful and Positive Ways Program (RIPP)

Background/History of the Activity: The RIPP Program is a 3-year school-based project to reduce aggressive behaviors among 6th grade students. The program consists of a 16-session curriculum that teaches students the use of alternative methods for dealing with violence and adaptive methods for dealing with anger. The program also has a peer mediation program that uses a problem-solving approach to reinforce the skills students learn in the curriculum. The intervention is administered by facilitators from the Richmond Community Services Board. Pre- and post-intervention self-report data obtained from both RIPP participants and non participants indicate that the initial intervention (the 6th grade curriculum) achieved behavioral improvement in the target group. The current project will evaluate the long term impact of the RIPP sixth grade intervention, determine the extent to which outcomes can be further strengthened by seventh and eighth grade booster interventions and will disseminate findings from the project.

Target Population Served: African-American middle-school students in Richmond, VA

Number of People Served/Reached: 1800

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$157,280

FY 1998 - \$171,338

Expected or Reported outcome and/or Impact: Determine the long term effects of the RIPP program regarding students' prosocial and aggressive behavior and to determine whether seventh and eighth grade booster interventions will further strengthen reduction of aggressive behaviors among the initial study group.

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297

Linda Dahlberg, Scientific Officer ,770-488-4496

CIO Name: NCIPC

Title of the Program or Program Activity: University of Michigan - Longitudinal Evaluation of Cognitive/Ecological Approach to Preventing Violence

Background/History of the Activity: The University of Michigan is evaluating a three-level

preventive intervention directed toward preventing aggressive and violent interpersonal behavior among high-risk urban youth, ages 7-13, predominately African-American and Hispanic children residing in high-violence areas in Chicago and Aurora, Illinois.

Target Population Served: African-American and Hispanic urban youth, grades 2-6 (ages 7-13), who are at high risk for violence

Number of People Served/Reached: 9000

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$239,312

FY 1998 - \$163,367

Expected or Reported outcome and/or Impact: Determine the long term effects of the violence prevention program regarding students' prosocial and aggressive behavior and to reduce aggressive behavior among the study participants.

Agency Contact Person, Title, Phone Number:

Debra Hayes-Hughes, Project Officer, 770-488-4297

Linda Dahlberg, Scientific Officer, 770-488-4496

CIO Name: NCIPC

Title of the Program or Program Activity: Preventing Intimate Violence in Rural Minority Communities

Background/History of the Activity: This project will first assess community readiness for prevention of intimate partner violence through use of key informant surveys, ethnographic interviews and focus groups in four types of western rural communities, White American, Mexican American, American Indian, and Native Alaskan. At the same time, it will assess cultural barriers creating obstacles to prevention and cultural assets facilitating prevention. Culturally appropriate training programs will then be developed to help rural communities with the four target cultural groups to increase community readiness for prevention and develop prevention programs related to intimate partner violence. These programs will be tested in eight communities, two from each ethnic group. The problem of intimate partner violence is as likely in rural America, but rural areas are much less likely to have adequate services or resources for prevention. In addition, there may be a particularly high need for prevention in western rural communities where ethnic minorities make up a significant proportion of the population and are likely to suffer from both economic and cultural stress, increasing the potential for violence. Some traditional cultural norms may tolerate or discourage intervention in family violence. Further, unless prevention programs are congruent with the minority culture, they likely will be rejected by community leaders and, even if they are accepted by community leaders, programs that are not culturally appropriate will not be used by community members.

Target Population Served: Four types of western rural communities, White American, Mexican American, American Indian, and Native Alaskan

Number of People Served/Reached: To be determined retrospectively

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$244,701

FY 1998 - \$235,499

Expected or Reported outcome and/or Impact: This project will determine community readiness for prevention of intimate partner violence in the rural, western communities listed above, and cultural barriers creating obstacles to prevention and cultural assets facilitating prevention.

Agency Contact Person, Title, Phone Number:

Edwards, Ruth W., Ph.D.

Colorado State University

Department of Psychology

Fort Collins, CO 80523-1879

Phone : 970-491-6827; Fax: 970-491-0527

Email Address: redwards@lamar.colostate.edu

CIO Name: NCIPC

Title of the Program or Program Activity: Community-based Primary Prevention Programs to Prevent Intimate Partner Violence for a Safe America

Funded Agency: The Albuquerque Area Indian Health Board

Prevention Area: Intimate Violence Prevention

Background/History of the Activity: The Albuquerque Area Indian Health Board, in collaboration with the Albuquerque Indian Center, proposes a community based primary intimate partner violence prevention project with four objectives: 1) to develop a violence prevention task force; 2) implement a media campaign for ipv prevention; 3) conduct a school-based prevention awareness campaign; and 4) hold community gatherings to build skills, promote prevention and advocacy, develop long-term prevention plans, and promote messages of violence prevention, healthy families and healthy relationships.

Target Population Served: Native American

Number of People Served/Reached: Estimated number of subjects = 500

90% American Indian or Alaska Native

5% Hispanic

5% White

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1997 - \$273,375

1998 - \$256,152

Expected or Reported outcome and/or Impact: Prevention of intimate partner violence (see objectives listed in background above)

Agency Contact Person, Title, Phone Number:

Lisa Snyder, Principal Investigator

2309 Renard, SE

Albuquerque, NM 87106

(505) 764-0036

CIO Name: NCIPC

Title of the Program or Program Activity: Seasonal and migrant farmworker women's training project.

Funded Agency: Migrant Clinician's Network

Background/History of the Activity: CDC provided support and technical assistance for the development, implementation and evaluation of a program on family and intimate violence which was used to train Mexican and Mexican-American migrant and seasonal farmworker outreach health workers. This project has won two awards: the Marshall award, and the president's award for excellence. The family violence prevention fund has become interested in working with project staff to

expand the scope of the project into additional areas. CDC is currently providing support and technical assistance for replication and evaluation of the family and intimate violence program.

Target Population Served: Mexican and Mexican-American migrant and seasonal farmworker outreach health workers

Number of People Served/Reached: 32 lideres trained 423 women who then reached 17,000 farmworker women

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

Funded through an interagency agreement with HRSA

1997 - \$100,000 1998 - \$100,000

Expected or Reported outcome and/or Impact: The goals of the program are to (a) increase knowledge about the magnitude, causes and effects of family violence; (b) instruct participants to identify resources for battered women within their communities; instruct participants to provide and strengthen sources of support and safety for women and children who are victims of family violence; and (d) instruct participants to educate women in their communities about family violence.

Agency Contact Person, Title, Phone Number:

Karen Mountain, Program Director

P.O. box 104285

Austin, TX 78716

(512) 327-2017

CIO Name: NCIPC

Title of the Program or Program Activity: Community-based primary prevention programs to prevent intimate partner violence for a Safe America

Funded Agency: La Clinica de la Raza, Fruitvale Health Project, Inc

Background/History of the Activity: La Clinica de La Raza is a federally qualified community health center located in Alameda county's largest and most ethnically diverse city as well as a minority community-based organization having a 26-year working relationship with its target community. The project seeks to reduce the risk of IPV among the Latino population through the use of culturally-based primary prevention strategies that will a) increase the awareness of IPV and its effects on individuals, families and communities; b) provide skills to community members to decrease their risk of IPV; and c) provide referrals for intervention services and support networks for individuals who are witnessing or experiencing IPV. The project is designed to prevent IPV by effecting change on three levels: individual, by providing knowledge and skills; the household, by providing similar information to various members of the family that will reinforce the messages given to individuals; and the community, by creating social structures to reduce isolation and create networks of support.

Target Population Served: The target population is predominantly immigrant, largely from Mexico and Central America. Thirty per cent of the population is under 18 years of age; 24% lives at poverty level; 50% lives below 200% poverty level; and 50.2% over 5 years of age does not speak English at home.

Number of People Served/Reached: Approximately 800

48% Female, 52% male

44% Hispanic, 39% African American

16% Asian or Pacific Islander, .8% White

.2% American Indian or Alaskan Native

Dollars involved for each activity by fiscal year (FY 1997 and FY 1998):

1997 - \$258,746

1998 - \$242,446

Expected or reported outcome and/or impact: Prevention of intimate partner violence (SE objectives listed in background above)

Agency Contact Person, Title, Phone Number:

Patricia Restrepo, Project Manager

La Clinica de la Raza-Fruitvale Health Project, Inc.

1515 Fruitvale Ave.

Oakland, CA 94601

Phone: (510) 434-2029; Fax: (510) 535-4221

CIO Name: NCIPC

Title of the Program or Program Activity: Community-based Primary Prevention Programs to Prevent Intimate Partner Violence for a Safe America

Funded Agency: Metropolitan Family Services

Background/History of the Activity: Metropolitan family services in conjunction with its collaborating partners, the Chicago Department of Public Health ("CDPH"), The Illinois Council For The Prevention of Violence ("ICPV"), The Harris Young Women's Christian Association ("Hywca"), People Abused Battered United ("Pabu"), And The Jane Addams Center For Social Policy And Research of The University of Illinois at Chicago, Metropolitan Family Services will establish a program entitled Southside Teens About Respect ("STAR"). Additionally, Englewood Technical Preparatory Academy ("ETPA") and three of its feeder schools will serve as the primary sites for the program.

The purposes of STAR are to develop and implement primary prevention activities serving the target population and to evaluate the effectiveness of these activities in strengthening four key protective factors: 1) knowledge of the extent, causes and solutions of teen dating violence; 2) peer peace networks; 3) attitude, belief, and skill development; and 4) use of school-based and community anti-violence resources. The working partners believe that strengthening these protective factors will reduce the onset of teen dating violence in Englewood.

Target Population Served: Primarily African American Youth

Number of People Served/Reached: Approximately 1500 (45% Female; 5% Male, 99% African American, 1% White)

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1997 - \$299,999

1998 - \$281,099

Expected or Reported outcome and/or Impact: STAR has six principal goals and several process and outcome objectives have been identified to address each of these goals: 1) teen dating violence to learn about the extent and causes of teen dating violence; 2) peer peace networks to develop and activate a network of pro-peace students; 3) beliefs and attitudes to increase community identification of, and intolerance for, teen dating violence; 4) resource knowledge and use to increase knowledge and use of resources for teen dating violence reduction; 5) primary prevention to prevent the inception of teen dating violence; 6) secondary prevention to prevent the maintenance of teen dating violence.

Agency Contact Person, Title, Phone Number:

Gaylean Woods, Program Director
Metropolitan Family Services
3843 W. 63 Rd Street, Chicago, IL 60629
773/884-3310, ext. 366

CIO Name: NCIPC

Title of the Program or Program Activity: Community-based Primary Prevention Programs to Prevent Intimate Partner Violence For a Safe America

Funded Agency: Our House, Inc.

Background/History of the Activity: Our House, Inc. Is a Non-profit Minority Community-based Organization ("CBO") located in Greenville (Washington County), Mississippi. Our House, Inc. will target Bolivar, Sunflower And Washington Counties, which all have over 60% minority residents.

The project goal is to prevent intimate partner violence among school age youth through the promotion of healthy relationships. This will be accomplished through implementation of safe dates an adolescent dating abuse prevention curriculum developed by Vangie Foshee and Stacey Langwick at the University of North Carolina.

The curriculum will be integrated into the existent family living course for ninth grade students in the schools. The safe dates curriculum was developed and tested on a predominately rural white population. Its efficacy with a predominately rural African American population has not been established. Consequently, one of the goals of this evaluation is to test the efficacy of the safe dates program on a sample of rural African American students.

Target Population Served: African American Youth -Ages 14-18

Number of People Served/Reached: Approximately 800

50% Male , 50% Female, 98% African American, 2% White

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1997 - \$205,414

1998 - \$192,473

Expected or Reported outcome and/or Impact: The goal of the project is to reduce the incidence of dating violence among teenagers in three Mississippi delta counties. The corresponding project objectives are:

Objective 1: To increase healthy, non-violent, relationships among program participants.

Objective 2: To increase participants knowledge regarding the causes of and solutions to partner violence.

Objective 3: To increase the number of participants who have attitudes, non-supportive attitudes toward partner violence.

Agency Contact Person, Title, Phone Number:

Patricia Davenport, Executive Director
Our House, Inc.
P.O. Box 3956, Greenville, MS 387074
601/334-6873

CIO Name: NCIPC

Title of the Program or Program Activity: Community-based Primary Prevention Programs to Prevent Intimate Partner Violence For a Safe America

Funded Agency: Woman Against Abuse, Inc.

Background/History of the Activity: The Teen Dating Violence Prevention Program Is a Collaboration Between Women Against Abuse, Dating Violence Prevention Project, Mc-Phahnmann University - School of Public Health, And The School District of Philadelphia. There are four primary components to this school- and community-based intimate partner violence prevention program. They are implementation and evaluation of: five-week class-based psycho-educational health curriculum to teach middle school students about teen dating violence combined with related school-wide activities, dating violence prevention counseling to middle school students, a parent education program on the prevention of teen dating violence, and teacher training on the prevention of teen dating violence.

Target Population Served: Primarily African American Youth 11-14

Number of People Served/reached: School-based Activity Year 1- 2400, Year 2- 3200, Year 3- 3200. Community-based Activity Year 1- 40 Parents, Year 2- 80 Parents, Year 3-80 Parents. In-service Training Workshops Year 1- 0, Year 2-15 Teachers and Staff, Year 3-60 Teachers and staff.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1997 - \$270,861

1998 - \$253,797

Expected or Reported outcome and/or Impact: Desired Outcomes include increased knowledge and awareness of dating violence; changed attitudes associated with dating violence; decreased use of jealous /control tactics as well as verbal and physical aggression in dating relationships; decreased intention to use physical aggression and increased help seeking and intention to seek help, among youth in violent dating relationships.

Agency Contact Person, Title, Phone Number:

Michele Cascardi, Ph.D., Project Director, Women Against Abuse

DVPP, P.O. Box 369

Bala Cynwyd, PA 19004

Phone: (610) 664-2315

CIO Name: NCIPC

Title of the Program or Program Activity: Community-based Primary Prevention Programs to Prevent Intimate Partner Violence For a Safe America

Funded Agency: Women And Children's Family Services

Prevention Area: Intimate Violence Prevention:

Background/History of the Activity: Women And Children's Family Services is a Minority Community-based Organization located in San Francisco, California. This organization has a 19-year history of providing comprehensive substance abuse services to women of color and low income in general; in particular to African-American and Hispanic communities, and is committed to provide a continuum of care and a wide range of services specific to those individual needs.

This agency proposes to expand prevention and education to the population of women and girls at risk of experiencing Intimate Partner Violence ("Ipv") And Sexual Assault who do not access existing services. The focus of the project will be in four under-served communities of its target population in San Francisco: Bayview/Hunters Point, Mission District, Western Addition and Visitacion Valley.

SWIC will employ a community organizing model to implement its primary strategies: 1) assessment of community needs to build the capacity of existing community organizations to incorporate ipv prevention education; 2) creation of public awareness of ipv through community-specific media and education materials; and 3) development of peer-based and prevention education programs that respond to the specific needs of women and girls in the target population for empowerment. The project will develop and implement culturally appropriate services for African-American or Hispanic women who might be at greater risk of victimization by virtue of race or ethnicity.

Target Population Served: Primarily African American And Hispanic Women

Number of People Served/Reached: Estimated number of subjects - 3200

10% Asian, 65% Black, 20% Hispanic, 5% Whites

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1997 - \$267,473

1998 - \$250,622

Expected or Reported outcome and/or Impact: Prevention of Intimate Partner Violence (SE Objectives Listed in Background Above)

Agency Contact Person, Title, Phone Number:

Mary Gomez Daddio, Executive Director

Women And Children's Family Services

110 World Trade Center, San Francisco, CA 94111, (415) 217-3950

CIO Name: NCIPC

Title of the Program or Program Activity: Santa Cruz, Santa Clara, and San Mateo, California - *Cultures and Communities*

Background/History of the Activity: The primary goal of the project is to reduce aggressive and violent behaviors among adolescent youth attending alternative schools in northern California called court schools. A secondary goal is to more closely examine the role of social and cultural factors as they relate to aggressive and violent behaviors. The project attempts to elucidate the potential role of a set of salient social and cultural variables that can serve as resiliency, protective or risk factors, such as family functioning, peer group influence, acculturation, ethnicity identity and bi-cultural self-efficacy.

Target Population Served: African American and Hispanic high-risk youth (ages 13-21)

Number of People Served/Reached: 600 students in county and school-district run alternative schools in northern California

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$324,274

Expected or Reported outcome and/or Impact: The project is expected to determine the effectiveness of a comprehensive school-based intervention based on an enhanced Social Development Model to enhance social competence (e.g., interpersonal communication skills, sense of personal identity including ethnic identity, cultural adjustment factors, and pro-social bonding), and reduce violent and aggressive acts and other antisocial behaviors.

Agency Contact Person, Title, Phone Number:

Principal Investigator: Fernando Soriano, Ph.D.

Phone: 619-595-7703, ext., 3585; Fax: 619-495-7704

E-mail: fernsori@aol.com

CDC Contact: Ms. Wendy Watkins, Project Officer, (770) 488-1567

CIO Name: NCIPC

Title of the Program or Program Activity: Perry, Wilcox, Hale, and Greene counties, Alabama - *A Model Program for the Prevention of Violence in Minority Adolescents*

Background/History of the Activity: This project is a four level preventive intervention program that addresses the social cognitive abilities, social network support, and interpersonal competence of youth, their peers, teachers and families. The project is a school-based intervention that is comprised of three components: Student Mentoring and Engagement, Teacher Enhancement, and Parental Mentoring and Engagement.

Target Population Served: 6th grade minority students, at least 13 years of age with multiple risks

Number of People Served/Reached: Total 980 students

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$343,034

Expected or Reported outcome and/or Impact: The project will assess the effectiveness of a preventive intervention for high risk minority youth that is designed to (a) encourage productive social relationships, (b) enhance self-regulation and control (c) facilitate school engagement and academic progress in the middle school and (d) help establish bridges across the community and open access to opportunities for the youth and their families and to heighten parental investment in the child and the preventive intervention. In addition, an economic analysis of costs and benefits of the interventions will be conducted. Investigators expect to use this preventive intervention model program to learn how to help children and families in disadvantaged rural communities build bridges across age groups.

Agency Contact Person, Title, Phone Number:

Robert Cairns, Ph.D., Principal Investigator

Beverly Cairns, M.S.; Phone: 919-962-0333

Fax: 919-966-4520; E-mail: rbcairns@email.unc.edu

CDC Contact: Ms. Wendy Watkins, Project Officer, 770- 488-1567

CIO Name: NCIPC

Title of the Program or Program Activity: *Boston Cares* (The Dispatcher) program

Background/History of the Activity: The intervention consists of the Dispatcher Model: Youth identified* as entering the hospital emergency department for treatment of intentional injury are contacted by social work staff (for post injury issues) and offered referral to the *Boston Cares* (The Dispatcher) program. The Dispatcher contacts the parent and child and determines if there is an adult that can serve as a liaison to ensure that the child connects appropriately and stays in contact with needed services. The Dispatcher works from a list of service providers near the youth's home to identify an appropriate community provider. The Dispatcher provides the agency with all of the necessary information about the child and family and puts them in touch with the supportive adult that was identified by the family to help facilitate the youth's participation in the program. The Dispatcher does follow up two weeks after the initial call and a final status check at three months.

*Case identification is based on Boston Emergency Department Surveillance System, (BEDS) a prospective incident-based emergency department surveillance system that identifies youth (ages 3-18) with intentional, non-domestic injuries.

Target Population Served: Youths 13-17 years of age, treated in emergency departments for intentional assault injury

Number of People Served/Reached: To be determined retrospectively.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

Expected or Reported outcome and/or Impact: Investigators expect to reduce re-injury among youth treated for intentionally inflicted non-domestic injuries by linking them with locally accessible community-based service agencies that provide them with active outreach for services or further referral.

Agency Contact Person, Title, Phone Number:

Ed DeVos, Ph.D., Principal Investigator

Phone: 617-969-7100, ext. 24453

Fax: 617-244-3436; E-mail: eddevos@edc.org

CDC Contact Person: Ms. Wendy Watkins, Project Officer, (770) 488-1567

CIO Name: Office of Minority and Women's Health

Title of the Program or Program Activity: Native American/Alaskan Native Cooperative Agreements

Background/History of the Activity: To identify infectious disease prevention research priorities in AI/AN communities. To develop, propose, and evaluate a prevention or intervention project. To provide disease prevention training, education, and professional work experience. opportunities to increase the number of AI/AN public health professionals.

Target Population Served: The Navajo Nation, Alaskan Chugachmiut.

Number of People Served/Reached: The Navajo communities of Arizona, Utah and New Mexico; the Chugachmiut community of Alaska.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1977 - \$ 75,000

1998 - \$125,000

Expected or Reported outcome and/or Impact: Enhancement of AI/AN communities to address emerging and reemerging infectious diseases; and to assist them in disease prevention, health promotion, research, training and education.

Agency Contact Person, Title, Phone Number:

Earl G. Long, Ph.D., Health Scientist, 404-639-2456

CIO Name: Office of Minority and Women's Health, National Center for Infectious Diseases

Title of the Program or Program Activity: Wilcox County Rural Parasitoses.

Background/History of the Activity: Survey of a rural Alabama county for parasitic infections.

Target Population Served: Rural medically underserved population.

Number of People Served/Reached: Wilcox County population.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1977 - \$30,000

1988 - \$50,000

Expected or Reported outcome and/or Impact: Reduction or elimination of morbidity caused by parasitic infections.

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D., Acting Associate Director for Women's and Minority Health
(404) 639-3459

CIO Name: Office of Minority and Women's Health

Title of the Program or Program Activity: Support for cervical cancer studies in US/Mexico communities and by Hispanic Serving Institutions (HSIs).

Background/History of the Activity: The rate of cervical cancer is disproportionately higher among Hispanic women, and that population is at higher risk for precursor lesions associated with cervical cancer.

Target Population Served: Hispanic females 40 years and older in Douglas, AZ; Agua Priete, AZ; and Sonora, Mexico.

Number of People Served/Reached: 400

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1998 - \$43,000

Expected or Reported outcome and/or Impact: Improved access to cancer-screening for women in underserved Hispanic communities.

Agency Contact Person, Title, Phone Number: Carolyn Black, Ph.D., Acting Associate Director for Women's and Minority Health, (404) 639-3459

CIO Name : Office of Minority and Women's Health

Title of the Program or Program Activity: Sentinel Surveillance

Background/History of the Activity: There is excess morbidity due to infectious diseases in the US/Mexico border region. This area has also lacked an operational surveillance system.

Target Population Served: Persons attending the clinical facilities of the US/Mexico Border Health Association.

Number of People Served/Reached: The entire population of the US/Mexico border region.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1998 - \$45,000

Expected or Reported outcome and/or Impact: Surveillance for emerging or reemerging infectious diseases.

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D., Acting Associate Director for Women's and Minority Health
(404) 639-3459

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: Pan American Health Organization (PAHO) -- Mexico

Background/History of the Activity: Since September 1995, NIOSH has detailed a staff person to PAHO facilities in Mexico in order to foster local capacity development in the field of occupational safety and health. Detailees have also served as regional resources for PAHO. The detailees have worked closely with a number of Mexican agencies, including the Mexican General Directorate of Epidemiology (including the Mexican FETP), the General Directorate of Environmental Health, and the Institute for Social Security (IMSS). Activities in Mexico focus on training, surveillance, and workplace hazard investigations.

Target Population Served: The activity is directed at improving indigenous occupational health and safety capacity in Mexico. The direct target group consists of Mexican occupational safety and health professionals, including those in the government, academic, and private sectors. The indirect target group is all Mexican workers, who ultimately stand to benefit from improved workplace safety and health conditions.

Number of People Served/Reached: Not determined

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$40,000

FY 1998 - \$40,000

Expected or Reported outcome and/or Impact: The expected outcome is improved indigenous capacity to address occupational safety and health problems in Mexico, particularly in the areas of exposure assessment, surveillance, and workplace hazard investigation. Specific quantitative outcomes, such as numbers of professionals receiving training, are not available.

Agency Contact Person, Title, Phone Number:

Richard Ehrenberg, M.D., Senior Medical Epidemiologist, (404) 639-3346

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: The Deep-South Center for Agricultural Disease and Injury Research, Education, and Prevention (The University of South Florida, Tampa)

Background/History of the Activity: The purpose of the Deep-South Center will be to conduct research, education, and prevention programs addressing agricultural safety and health problems in the geographic region of Alabama, Mississippi and Florida. A special focus of this Deep-South Center will address safety and health problems of special agricultural populations in the region including minority, migrant, and low-income farmers and farm workers.

Target Population Served: Minority, migrant, and low-income farmers and farm workers. Southern farmers and migrant worker populations include African-Americans, Jamaicans, Haitians, Laotians, Thais, and other racial and ethnic minorities.

Number of People Served/Reached: 100,000

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ -0-

FY 1998 - \$350,000

Expected or Reported outcome and/or Impact: Because of the racial diversity, poverty, and illiteracy unique to this region and the fact that African-American workers in agricultural production and services have higher fatality rates as compared to other racial or ethnic groups nationally, this center was designed to reduce these disparities.

Agency Contact Person, Title, Phone Number:

Vincent R. Nathan, Ph.D., M.P.H.

Senior Associate for Minority Health Research, (404) 639-1493

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: NIOSH Agricultural Centers

Background/History of the Activity: The Centers for Agricultural Disease and Injury Research, Education, and Prevention Program represents a major NIOSH effort to protect the health and safety of agricultural workers and their families. The NIOSH Agricultural Centers were established as part of a Centers for Disease Control and Prevention (CDC) / NIOSH Agricultural Health and Safety Initiative in 1990. The Centers were established by cooperative agreement to conduct research, education, and prevention projects to address the nations pressing agricultural health and safety problems. This program brings external partners together with NIOSH investigators in a collaborative effort to prevent occupational disease and injury among agricultural workers and their families. Since 1990, nine

Agricultural Centers have been established in nine different geographic regions throughout the United States. Geographically, the Centers are distributed throughout the nation to be responsive to the agricultural health and safety issues unique to the different regions.

Target Population Served: While the populations served vary by region, most activities are directed toward migrant and Hispanic agricultural workers. Examples of projects include: study of behaviors related to organophosphate exposure in children of migrant farm workers (CA); evaluation of the effectiveness of pesticide safety training for migrants (CO); assessment of incidence of TB, low back pain and vehicle accident injuries among migrant and non-migrant farm families (CO); distribution of information on agricultural health and safety and access to health care through health fairs and other networking outlets, in collaboration with the Migrant Network Coalition (KY); study of agricultural injury issues among Navajo families (TX).

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$328,047

FY 1998 - \$328,047

Agency Contact Person, Title, Phone Number:

Gregory Kullman, Ph.D., Agriculture Coordinator

Division of Respiratory Disease Studies, (304) 285-5711

Teri Palermo, R.N., Public Health Advisor

Division of Respiratory Disease Studies, (304) 285-5836

Preterm Delivery, Low Birth Weight, Infant Mortality

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Association of Preventive Medicine Program for the Stressful Life Events Among Black Women of Reproductive Age Project

Background/History of the Activity: Morehouse University was awarded funds under the Association of Preventive Medicine Program for the Stressful Life Events Among Black Women of Reproductive Age Project. This project was funded for two years through the Pregnancy and Infant Health Branch within the Division of Reproductive Health. The Stressful Life Events Study is a cross-sectional study to examine stress and stressful life events in Black women of reproductive age in Atlanta.

Target Population Served: African Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998: Morehouse University - \$272,385

Expected or Reported Outcome and/or Impact: This study will contribute to the goal of reducing the disparity in preterm delivery and infant mortality by improving the definition and measurement of psychosocial stress that may be associated with adverse pregnancy outcomes in black women. Without appropriate measurements of stressors, such research is highly likely to miss important psychosocial risk factors.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion
Title of the Program or Program Activity: Healthy African-American Families
Background/History of the Activity: The Healthy African-American Families (HAAF) project began as an extramural contract with UCLA in 1992 to conduct qualitative research on sociocultural, behavioral, and environmental factors related to maternal health during pregnancy and pregnancy outcomes (including preterm delivery and very low birth weight) among black women in the United States; to investigate community concerns about participation in observational studies; and to evaluate the process of active community participation. The participating communities were the Baldwin Hills and Compton areas in Los Angeles. The HAAF project, under leadership and initiative from the HAAF Community Advisory Board, has now moved to Drew University as part of a cooperative agreement with the Minority Health Professions Foundation and CDC's Office of Minority Health.
Target Population Served: African Americans
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$500,000
Expected or Reported Outcome and/or Impact: The information from this project will be used to develop subsequent applied research and to develop appropriate prevention and intervention strategies to address maternal health during pregnancy and pregnancy outcomes (including preterm delivery and very low birth weight) among black women in the United States.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion
Title of the Program or Program Activity: PARTNERS (Partners Against Risk-Taking: A Networking and Evaluation Research Study)
Background/History of the Activity: The Behavioral Research Unit of the Women's Health and Fertility Branch (WHFB), DRH conducts research on reproductive decision-making and contraceptive use among women who are at high-risk for unintended pregnancy, HIV and other STD infection, or who are infected with HIV. Funds were awarded to develop, implement, and evaluate a theory-based intervention which explores the dynamics of decision-making and sexual and reproductive behavior through interviews with both female and male African-American sexual partners.
Target Population Served: High-risk African-American women and their sexual partners.
Number of People Served/Reached: Approximately 100 African-American couples have been or are being interviewed in the formative phase of this research.
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$250,000
FY 1998 - \$151,000
Expected or Reported Outcome and/or Impact: The proposed research will a) promote safer sexual behavior among young women between 18 and 25 and their male sex partners, b) develop and test new intervention strategies and extend existing strategies, and c) extend and enhance existing social and psychological models of sexual behavior change.

Nutrition and Physical Activity

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: The WISEWOMAN Program - Capitalizing on Opportunities to Improve the Health of Women

Background/History of the Activity: The WISEWOMAN (Well-Integrated Screening and Evaluation for women in Massachusetts, Arizona, and North Carolina) demonstration program provides additional services to some participants in the National Breast and Cervical Cancer Early Detection program, including: (1) screening for heart disease risk factors, (2) dietary and physical activity interventions for women with abnormal screening results, and (3) referral and follow-up as appropriate. Through the National Breast and Cervical Cancer Early Detection Program, CDC assists states in providing potentially life-saving screening for these two cancers to low-income and uninsured women. Recognizing the unique opportunity afforded by this framework, Congress initially authorized \$3 million per year to assess the feasibility and benefits of providing these additional preventive services for women. The target population is uninsured women; in the state of North Carolina, a significant part of this population is African American women.

Target Population Served: African American Women

Number of People Served/Reached: Enrollment to date in the WISEWOMAN program in North Carolina is 2163 women; an estimated 35% of enrolled women in the North Carolina program are African-American.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$2,387,469

FY 1998 - \$2,250,000

Expected or Reported Outcome and/or Impact: This program will be expanded to other states to offer valuable insights into the feasibility and benefits of making the WISEWOMAN program a model for the provision of comprehensive and integrated preventive services for all low-income and uninsured women.

Adolescent and School Health

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: HIV/AIDS Orientation and Professional Education Program

Background/History of the Activity: The United Negro College Fund, a consortium of 40 private and fully accredited historically black colleges and universities, has been funded through a cooperative agreement from NCCDPHP's Division of Adolescent and School Health to support preservice education to enable faculty in member schools to better prepare African-American pre-medicine and allied health students to educate parents and clients about avoiding HIV/AIDS, as well as help these students become more aware of ways to reduce HIV infection among themselves and their peers. Program activities included a needs assessment on the status of HIV education among students, faculty, and other personnel; skill building workshops; identification of a college liaison to ensure campus participation at each of the member schools; and dissemination of a pre-service model for HIV training that can be replicated by faculty in other historically black colleges and universities.

Target Population Served: African Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997: UNCF - \$259,409

FY 1998: UNCF - \$254,480

Expected or Reported Outcome and/or Impact: Expanded HIV prevention education for post-secondary students.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Leadership in Health Policy

Background/History of the Activity: The National Association for Equal Opportunity in Higher Education has a cooperative agreement funded by CDC/NCCDPHP's Division of Adolescent and School Health to educate and encourage policy and decision makers of postsecondary historically black colleges and universities to support programs to prevent HIV infections and other serious health problems among students, especially those in high-risk situations; and to make health promotion and disease prevention high priority items at these institutions. Examples of activities include skill building and workshop training for Presidents, Vice Presidents of Academic and Student Affairs, and Deans of Education to help them develop institutional policies and campus programs addressing HIV/AIDS prevention.

Target Population Served: African American students

Number of People Served/Reached: NAFEO's National Alliance is with the Presidents of 117 Historically Black Colleges and Universities which enroll more than 350,000 students.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997: NAFEO - \$281,818

FY 1998: NAFEO - \$276,463

Expected or Reported Outcome and/or Impact: Strengthen existing campus-based disease prevention programs or establish new ones.

Programs Targeted Towards Asian American and Pacific Islanders (Aapis)

Cancer Prevention and Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Breast and Cervical Cancer Early Detection Program

Background/History of the Activity: CDC has taken steps to ensure that AAPI women are reached through the National Breast and Cervical Cancer Early Detection Program. CDC has also developed targeted strategies to ensure that AAPI women receive regular screening for breast and cervical cancers, prompt follow up if necessary, and assurance that the tests are performed in accordance with current recommendations for quality assurance. The first cooperative agreement for the National Breast and Cervical Cancer Early Detection Program was awarded in Sept. 1991 and more states and territories were added in later years. Hawaii, American Samoa, Republic of Palau, and Northern Mariana Islands were first granted awards in Sept. 1996.

Target Population Served: Asian Americans and Pacific Islanders

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

The following awards were granted to areas with high populations of AAPIs:*

FY 1997:

Hawaii	\$ 810,000
American Samoa	\$ 283,521
Republic of Palau	\$ 296,479
Northern Mariana Islands	\$ 300,460

FY 1998:

Hawaii Department of Health	\$1,300,000
Commonwealth of the Northern Mariana Islands	\$ 300,460
Republic of Palau Ministry of Health	\$393,587
American Samoa Government	\$283,521

*Note that other state awards address AAPI populations but the data is not specific enough to provide such detail.

Expected or Reported Outcome and/or Impact: The following data is from program inception in Sept. 1991 through March 31, 1998: NCCDPHP has provided 628,000 pap screenings to women in the U.S. and U.S. territories**, 2.9% of which were to Asian women. NCCDPHP has provided 550,000 mammograms to women in the U.S. and U.S. territories**, 3.3% of which were to Asian women.

**Data is available only in aggregate form.

Diabetes Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: State-based Diabetes Control Programs

Title of the Program or Program Activity: CDC conducts Diabetes Control Programs (DCPs) in AAPI communities in Pacific Island jurisdictions and in states which have significant numbers of AAPIs. All DCPs focus on (1) developing new, effective approaches for reducing the diabetes burden, (2) implementing specific measures to ensure the widespread application of accepted standards, and (3) coordinating the diabetes-related efforts of the health system. Examples of accomplishments of DCP's reaching AAPI communities include: The DCP Hawaii is establishing a centralized statewide registry of all persons with diabetes receiving care in Hawaii (approximately 90% of Hawaii's population has come form of health coverage). Data are being collected that will provide detailed information on persons with diabetes receiving care in Hawaii. 2) The Micronesia DCP developed the Teacher-Child-Parent curriculum with the Department of Education. This curriculum involves children and adults in children's homework assignments on health and nutrition and educates both children and adults about the health benefits of good nutrition. The Micronesia DCP also supports the Department of Agriculture's Family Food Production and Nutrition Project that provides families with technical assistance and supplies to maintain home gardens that produce healthy food. 3) *Diabetes Today*, a community mobilization program, was conducted at a public housing project in Honolulu, Hawaii to educate the community about diabetes and prepare the community to develop and implement appropriate diabetes control interventions.

Target Population Served: General population with special emphasis placed on racial and ethnic populations disproportionately affected by diabetes.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

The following awards were granted to areas with high populations of AAPIs:*

FY 1997:

Hawaii Department of Health	\$ 4,345
American Samoa Government	\$ 60,000
Guam Department of Health and Human Services	\$ 44,816
Republic of Marshall Islands Ministry of Health	\$ 75,000
Federated States of Micronesia	\$ 28,032
Commonwealth of the Northern Mariana Islands	\$ 85,000
Republic of Palau Ministry of Health	\$ 36,486

FY 1998:

Guam Department of Public Health and Social Services	\$115,161
Commonwealth of the Northern Mariana Islands	\$ 86,700
Federated States of Micronesia	\$ 70,378
Hawaii Department of Health	\$272,557
American Samoa Government	\$ 61,200
Republic of the Marshall Islands Ministry of Health	\$ 76,500
Republic of Palau Ministry of Health	\$ 46,202

*Note that other state awards address AAPI populations but the data is not specific enough to provide such detail.

Expected or Reported outcome and/or Impact: The six Diabetes Control Programs located in the U.S. affiliated jurisdictions in Micronesia and Polynesia serve a wide range of diverse Asian and Pacific Islander populations. Program activities include data collection, public and professional diabetes education, and quality of care guidelines development.

Adolescent and School Health

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: State and Local Comprehensive School Health Programs to Prevent Important Health Problems and Improve Educational Outcomes

Title of the Program or Program Activity: State departments of education have conducted these programs since 1993 through cooperative agreements with the CDC. Their purpose is to strengthen comprehensive school health education through a basic program to prevent HIV infection and other STD's and an expanded program to prevent important health-risk behaviors and problems.

Target Population Served: Public School Communities

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): The following awards were granted to areas with high populations of AAPIs:*

FY 1997:

Hawaii	\$184,278
American Samoa	\$ 83,781
Guam	\$ 41,374
Northern Mariana Islands	\$ 90,904
Marshall Islands	\$ 54,998

FY 1998:

Hawaii	\$245,250
American Samoa	\$ 83,496
Guam	\$107,910
Northern Mariana Islands	\$ 98,100
Marshall Islands	\$ 49,050
Palau	\$ 54,912

*Note that other state awards address AAPI populations but the data is not specific enough to provide such detail.

Programs Targeted Towards Native Americans

Memorandum of Agreement with Indian Health Service

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Memorandum of Agreement (MOA) with the Indian Health Service

Title of the Program or Program Activity: CDC awarded funds through an MOA to IHS to assist the IHS's mission to serve the health needs of tribes and tribal people by funding intervention activities, epidemiological research, technical assistance, and the training of IHS staff to improve research and intervention efforts. Examples of activities under this MOA include: 1) School Health Programs: CDC/NCCDPHP's Division of Adolescent and School Health provides funding to increase the capacity of IHS's Headquarters and Area Offices of Education in order to provide effective HIV prevention education within the context of comprehensive school health education. CDC also provides technical assistance to IHS and IHS Regional offices on a full range of school health issues including: curriculum development/implementation, evaluating HIV programs, promoting Comprehensive School Health Education, teacher training activities and creating linkages and assisting in designing collaborations with State Departments of Education in IHS areas. 2) Study of Sudden Infant Death Syndrome (SIDS) in the Aberdeen Area Indian Health Service: Among the IHS Areas, the highest infant mortality rate is consistently found in the Aberdeen Area (20 per 1,000), and the SIDS rate there is 4-5 times higher than the national average. The goal of this study was to reduce infant mortality in the Aberdeen Area by improving knowledge about the causes of deaths among infants who die after initial discharge from the hospital and identify factors related to the high infant mortality.

Target Population Served: Native Americans

Number of People Served/Reached: For school health programs, 50,000 children through Bureau of

Indian Affairs schools; and, additional public schools that have significant numbers of American Indian and Alaskan Native children - exact numbers cannot be determined.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$592,000

FY 1998 - \$480,000

Expected or Reported Outcome and/or Impact: 1) School Health Programs: To expand HIV prevention education in Bureau of Indian Affairs and nation's public schools that have significant numbers of Indian and Alaskan Native children. 2) Study of Sudden Infant Death Syndrome (SIDS) in the Aberdeen Area Indian Health Service: Specific health care and maternal behavioral risk factors for SIDS that are amenable to public health interventions have been identified with the potential to reduce incidences of SIDS deaths in this population. For example, mothers of infants who died of SIDS had fewer prenatal visits, expressed more problems with getting to their prenatal visits, and were more likely to report any alcohol use or bingeing during pregnancy than control mothers. Additionally, SIDS cases had fewer than the recommended well child visits and received fewer home visits by public health nurses than controls. On September 17-19, 1997, preliminary results of the completed study were presented at a conference in Rapid City, South Dakota. The conference was primarily attended by tribal people and representatives of 18 participating tribes. The Study findings and recommendations developed by the conference participants were published on June 30, 1998 and widely distributed nationally.

Cancer Prevention and Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Breast and Cervical Cancer programs

Title of the Program or Program Activity: In 1998, the Centers for Disease Control and Prevention (CDC) entered into the eighth year of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which brings critical breast and cervical cancer screening services to underserved women, especially women of low income, elderly women, and members of racial and ethnic minorities including Alaska Native and American Indian women. CDC supports breast and cervical cancer screening through direct funding of state and territorial health departments, tribes and tribal organizations, and national organizations that serve Alaska Native and American Indian women. Grants support planning and implementation of comprehensive programs to reduce mortality from breast and cervical cancer among state and American Indian tribes and tribal organizations.

Target Population Served: Underserved women, especially women of low income, elderly women, and members of racial and ethnic minorities including Alaska Native and American Indian women.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997:

Arctic Slope Native Association, Limited, AK	\$282,927
Cherokee Nation, OK	\$244,625
Cheyenne River Sioux Tribe, SD	\$ 82,320
Eastern Band of Cherokee, NC	\$284,873
Maniilaq Association, AK	\$326,117
Passamaquoddy Tribal Government ME	\$ 99,503
Poarch Band of Creek Indians, AL	\$ 34,514

South Puget Planning Agency, WA	\$188,690
Southcentral Foundation, AK	\$780,930
Hopi Tribe, AZ	\$282,429
Indian Community Health Services, Inc., AZ	\$282,429
Navajo Division of Health, AZ	\$101,408
Native American Rehabilitation Assn. of the Northwest, Inc., OR	\$258,481
Consolidated Tribal Health Project, Inc., CA	\$200,020
Southeast Alaska Region Health Consortium, AK	\$300,000
FY 1998:	
Arctic Slope Native Assn, Alaska	\$300,000
Cherokee Nation, Oklahoma	\$393,351
Cheyenne River Sioux, South Dakota	\$132,310
Consolidated Tribal Health Project, California	\$200,020
Eastern Band of Cherokee, North Carolina	\$287,225
Hopi, Arizona	\$337,775
Indian Community Health Services, Arizona	\$282,429
Mannilaq Association, Alaska	\$328,247
Native American Rehabilitation Assn. of the Northwest, Idaho	\$258,483
Navajo Division of Health, Arizona	\$282,428
Passamaquoddy Tribal Gov't, Maine	\$175,472
Poarch Bank of Creek Indians, Ala	\$82,382
South Puget Planning Agency, Washington	\$287,906
Southcentral Foundation, Alaska	\$588,381
Southeast Alaska Region Health Consortium, Alaska	\$402,608

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Pregnancy Risk Assessment Monitoring System (PRAMS)

Title of the Program or Program Activity: PRAMS is a population-based surveillance system of state residents who have recently delivered a live-born infant. The initial cooperative agreement awards were made in September 1987 and PRAMS programs currently operate in 15 states. PRAMS was developed to enhance the capacity of state health departments to determine conditions and risk factors for poor pregnancy outcomes in their populations. Information may be used to assess trends in behavioral risk factors, to identify gaps in health care to be targeted for intervention, and to assess the impact of behavioral risk factors and health care problems on pregnancy outcome, including birth weight and infant mortality. A national program goal is for PRAMS to provide state-specific data to help states measure their progress toward the achievement of the Healthy People 2000 maternal and infant health objectives.

Target Population Served: Native Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - Approximately \$200,000

FY 1998 - Approximately \$200,000

Expected or Reported Outcome and/or Impact: During FY 1997, analyses of PRAMS data

specific to Alaska Natives and Native Americans will continue. Both Alaska and Oklahoma incorporate these populations into their analyses of PRAMS data on a regular basis. As data become available in other States participating in PRAMS, there may be additional analyses prepared highlighting the health needs of Native American women.

Diabetes Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Diabetes Control Programs

Title of the Program or Program Activity: In 1998, CDC awarded funds to the University of New Mexico to fund a National Diabetes Prevention Center in collaboration with the Navajo Nation, the Pueblo of Zuni, Dine College, and the Gallup Indian Medical Center. The Indian Health Service provided \$1 million toward this award through a Memorandum of Agreement with CDC.

Target Population Served: American Indians

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998: University of New Mexico - \$2,245,749

Expected or Reported Outcome and/or Impact: Activities are expected to lead to the development and implementation of diabetes prevention and control strategies and related interventions, and the dissemination of health education messages to help reduce the burden of diabetes in the American Indian population.

Programs Targeted Toward Hispanic/Latino Populations

Cancer Prevention and Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

Background/History of the Activity: The Centers for Disease Control and Prevention (CDC) has established cooperative agreement awards with 15 national organizations for promoting prevention and education about breast, cervical, colorectal, and skin cancers. These partnerships provide a unique service to communities previously inaccessible through other education or outreach methods. CDC funds a strong and effective network of partners which are well-positioned in the communities at risk and can bring critical knowledge, skills, credibility, and resources to CDC's cancer control efforts among priority populations, especially in the area of breast and cervical cancer. Such populations include the uninsured and underinsured and various minority groups, including Hispanics. COSSHMO is designing and implementing the National Hispanic Colorectal Cancer Outreach and Education Project (NHCCOEP), a five-year initiative to address the need for increased awareness about colorectal cancer screening, treatment options, and management of colorectal cancer among Hispanics. COSSMHO will be partnering with the American Cancer Society to develop and implement NHCCOEP in six community sites with large Hispanic populations. Sites are located in Texas, Arizona, Chicago, Miami, Los Angeles, and New York City.

Target Population Served: Hispanic Americans

Number of People Served/Reached: Six community sites with large Hispanic populations located in Texas, Arizona, Chicago, Miami, Los Angeles, and New York City.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$253,592

FY 1998 - \$253,412

Expected or Reported Outcome and/or Impact: COSSMHO has conducted focus groups in the selected communities on topics relevant to colorectal cancer, such as initial symptoms, screening, treatment options, and management of the disease. Using the focus group findings, COSSMHO is developing a colorectal cancer community assessment instrument. Results from the community assessments at the six sites, combined with existing materials from the National Cancer Institute, the American Cancer Society, and CDC, etc., will be used for the collaborative development of linguistically- and culturally-appropriate colorectal cancer educational materials that will be used by local community outreach staff. In addition, COSSMHO will be working with Radio Bilingue to conduct radio programs focusing on colorectal cancer prevention, screening, and early detection issues in Hispanic communities.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Center for Farmworker Health, Inc.

Background/History of the Activity: The National Center for Farmworker Health, Inc. has developed a National Comprehensive Cancer Program for Farmworkers, which aims to raise the level of knowledge and awareness about breast and cervical cancers and to promote early detection and screening among Latina migrant and seasonal farmworkers.

Target Population Served: Hispanic Americans

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$175,086

FY 1998 - \$374,981

Expected or Reported Outcome and/or Impact: Replication and dissemination of the National Center for Farmworker Health's Lay Health Advisor Program Model, *Consejeras de Salud*, an intervention focused on raising the knowledge and awareness about breast and cervical cancers and to increase the participation of migrant and seasonal Latina farmworkers in screening services. The National Center for Farmworker Health is a national organization that networks with over 400 migrant health centers, health departments, and other health and human service agencies.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Baylor College of Medicine, Salud en Accion Program

Background/History of the Activity: Baylor College of Medicine is replicating the Salud en Accion Program, which combines research with public education and advocacy to promote risk reduction, screening participation and improvements in cancer-related services and policies within designated Hispanic communities.

Target Population Served: Hispanic Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$363,232

FY 1998 - \$364,049

Expected or Reported Outcome and/or Impact: Baylor College of Medicine will replicate *Salud En Accion*, an intervention utilizing media (behavioral journalism in the form of role modeling) and community organization (through trained volunteers) within designated Hispanic communities to deliver messages and empower constituencies for cancer prevention and control. Baylor's initial pilot sites will be in Texas.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Association of Community Health Centers

Background/History of the Activity: The National Association of Community Health Centers (NACHC) is a private, non-profit, predominantly minority professional health association, which represents and provides professional support for the nation's 940 federally supported community and migrant health centers and health care for the homeless. NACHC, along with the E. Roybal Institute on Gerontology, conducts Project Vision which includes breast cancer education and early detection and intervention programs for Hispanic women over age 50, and has expanded to include cervical cancer screening.

Target Population Served: Hispanic Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$362,690

FY 1998 - \$362,690

Expected or Reported Outcome and/or Impact: NACHC is collaborating with the E. Roybal Institute on Gerontology at California State University - Los Angeles to replicate its successful breast cancer early detection and intervention program for Hispanic women over age 50, and to expand this program to include cervical cancer screening and a training module for the Community Health Centers' staff. The replication and expansion will occur in medically underserved communities served by community and migrant health centers, which have significant proportions of Hispanics.

Nutrition and Physical Activity

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: The WISEWOMAN Program- capitalizing on opportunities to improve the health of women

Background/History of the Activity: The WISEWOMAN (Well-Integrated Screening and Evaluation for WOMEN in Massachusetts, Arizona, and North Carolina) demonstration program provides additional services to some participants in the National Breast and Cervical Cancer Early Detection program, including: (1) screening for heart disease risk factors, (2) dietary and physical activity interventions for women with abnormal screening results, and (3) referral and follow-up as appropriate. Through the National Breast and Cervical Cancer Early Detection Program, CDC assists states in providing potentially life-saving screening for these two cancers to low-income and uninsured women. Recognizing the unique opportunity afforded by this framework, Congress initially authorized \$3 million per year to assess the feasibility and benefits of providing these additional preventive services for women. In the state of Arizona, the target population is mostly Hispanic women.

Number of People Served/Reached: To date 758 women are enrolled in the Arizona program; an estimated 86% of Arizona participants are Hispanic.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$437,532

FY 1998 - \$687,837

Expected or Reported Outcome and/or Impact: This program will be expanded to other states to offer valuable insights into the feasibility and benefits of making the WISEWOMAN program a model for the provision of comprehensive and integrated preventive services for all low-income and uninsured women.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Coalition of Hispanic Health and Human Services Organizations

Background/History of the Activity: CDC's NCCDPHP funds the National Coalition of Hispanic Health and Human Services Organizations to develop HIV/AIDS prevention tools targeted at Hispanic youth between the ages of 12 and 18 who are at high risk for HIV infection. The organization disseminates the prevention intervention through the use of traditional Latino theater tailored to local conditions. The program goal is to increase Hispanic young people's knowledge about HIV/AIDS.

Target Population Served: Hispanic Young People

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$274,665

FY 1998 - \$205,921

Expected or Reported Outcome and/or Impact: Increase Hispanic youths knowledge about HIV/AIDS in order to prevent HIV/AIDS infection among Hispanic young people in high risk situations.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Latina Health Network

Background/History of the Activity: The National Latina Health Network receives funding from NCCDPHP to train youth to perform HIV/AIDS prevention education presentations through traditional Latino theater. Youth will provide skill building and health education to Latina adolescents from 16 to 24. The goal is to increase knowledge of HIV/AIDS prevention methods.

Target Population Served: Hispanic young people

Number of People Served/Reached: Theater presentations will reach an estimated 3,200 high risk Hispanic adolescents and young adults ages 16-24 in 8 U.S. Hispanic cities with primarily Hispanic populations.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$201,708

FY 1998 - \$183,574

Expected or Reported Outcome and/or Impact: To prevent HIV/AIDS infection among Latina youth 16-24 years of age in high risk situations.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Cooperative Agreement to Strengthen Comprehensive School Health Programs and Prevent Health Problems Among Youth

Background/History of the Activity: CDC's NCCDPHP funds the National Association of

Community Health Centers (NACHC) to enhance the ability of health centers to provide preventive health programs targeted to youth at high risk for HIV infection, other STDs, and other health problems. NACHC works closely with migrant health centers nationwide and Puerto Rico.

Target Population Served: Hispanic Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$240,343

FY 1998 - \$202,852

Expected or Reported Outcome and/or Impact: The overall purpose of the program is to enhance the capacity of federally qualified health centers to expand and improve preventive health programs for youth at risk of HIV/AIDS and other health problems by assisting them in developing and strengthening school-based and linked health programs in cooperation with local schools in their communities.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Coalition of Advocates for Students

Background/History of the Activity: CDC provides funding to the National Coalition of Advocates for Students to reinforce the abilities of state and local migrant education agencies and state HIV coordinators in states with large numbers of migrant and seasonal farm workers to develop and deliver culturally specific and accurate HIV prevention education to migrant youth. The funding also supports the development of a bilingual (Spanish & English) curriculum on AIDS prevention for migrant students in grades 6-12.

Target Population Served: Young people in migrant families

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$214,504

FY 1998 - \$210,606

Expected or Reported Outcome and/or Impact: To prevent HIV infection among migrant youth.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Advocates for Youth

Background/History of the Activity: Advocates for Youth (AFY) with help from the National 4-H Council provide instruction on developing peer education approaches to AIDS prevention by using AFY's Teens for AIDS Prevention program (TAP). They have Hispanic youth participating in this peer education approach and are using Spanish materials with Hispanic audiences. Funding from NCCDPHP helps train these Hispanic peer educators to prevent HIV/AIDS in the Hispanic community.

Target Population Served: Hispanic young people

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$276,094

FY 1998 - \$284,615

Expected or Reported Outcome and/or Impact: To strengthen community based HIV/STD prevention education for youth in high risk situations, particularly among young men who have sex with men, gay, lesbian, bisexual, transgender and young women of color.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Cities in School, Inc.

Background/History of the Activity: CDC funds Cities in Schools, Inc. (CIS) to train youth to serve as peer educators and youth leaders. The training is incorporated within a comprehensive school health framework to prepare youth to avoid high risk behaviors that lead to HIV/AIDS, STDs and/or teen pregnancy. The program is designed to integrate the peer educators as participants within the community who can serve as school, family, and community resources.

Target Population Served: Youth are targeted and eighty percent of the students the programs are African-American or Hispanic.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$239,486

FY 1998 - \$234,379

Expected or Reported Outcome and/or Impact: To prevent STD/HIV and address health problems among CIS students.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Network of Youth

Background /History of the Activity: CDC funds the National Network of Youth to provide training and technical assistance in community youth development, youth leadership, peer education, AIDS prevention, and organizational development. Through this strategy, the National Network of Youth seeks to increase the efficacy of HIV prevention messages for street youth and youth in high risk situations by providing training to local HIV prevention staff that outlines in the most effective HIV prevention message.

Target Population Served: Many members of the local HIV staff come from areas where Hispanics make up a large proportion of street youth.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$239,221

FY 1998 - \$234,676

Expected or Reported Outcome and/or Impact: To increase the capacity of youth-serving agencies and their communities nationwide to provide skills based HIV prevention education to youth in high risk situations.

Diabetes Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: University of Illinois at Chicago Prevention Research Center

Background/History of the Activity: The DDT collaborated with the University of Illinois at Chicago Prevention Research Center through its Midwest Latino Health Research, Training and Policy Center to replicate and evaluate the culturally specific diabetes empowerment educational program, *Promotora de Salud* (lay health worker) / *Paso a Paso*. This program was previously conducted in El Paso, Texas to promote diabetes management and control among Latino populations. The program will implement diabetes prevention research within Hispanic/Latino population stages of life - youths, young adults, adults, and senior adults, using a peer education model of diabetes

isease prevention and health promotion.

Target Population Served: Hispanic Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998 - \$525,414

Expected or Reported Outcome and/or Impact: Evaluation of model will provide valuable lessons learned and data to help replicate the model to other communities.

Reproductive Health

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: PARTNERS (Partners Against Risk-Taking: A Networking and Evaluation Research Study)

Background/History of the Activity: The Behavioral Research Unit of the Women's Health and Fertility Branch (WHFB), DRH conducts research on reproductive decision-making and contraceptive use among women who are at high-risk for unintended pregnancy, HIV and other STD infection, or who are infected with HIV. Funds were awarded to develop, implement, and evaluate a theory-based intervention which explores the dynamics of decision-making and sexual and reproductive behavior through interviews with both female and male Latina/o sexual partners.

Target Population Served: High-risk Latina women and their sexual partners.

Number of People Served/Reached: Approximately 40 Latina/o couples were interviewed during the formative phase, and approximately 300 couples will be enrolled for the intervention and evaluation component of the project.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$647,220

FY 1998 - \$670,210

Expected or Reported Outcome and/or Impact: The proposed research will a) promote safer sexual behavior among young women between 18 and 25 and their male sex partners, b) develop and test new intervention strategies and extend existing strategies, and c) extend and enhance existing social and psychological models of sexual behavior change.

Tab B

Health Information and Health Promotion

CIO Name: Office of Communication, Office of the Director, CDC

Title of the Program or Program Activity: Hispanic Communication/Media Resource Directory, African American Communication/Media Resource Directory

Published both in hard copy and on CDC intranet

Background/History of the Activity: In response to requests for referrals to communication agencies and media outlets specializing in reaching Hispanic audiences.

Target Population Served: his Directory will enable CDC's Centers, Institute, and Offices (CIOs) to locate organizations that offer quality communication services targeted to Hispanics. The organizations featured in the directory will be available to help CIOs to plan a communication and media strategy, conduct formative research, develop messages, and produce and evaluate health communication materials.

Number of People Served/Reached:

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

Expected or Reported outcome and/or Impact:

Agency Contact Person, Title, Phone Number:

Huan Linnan, Health Communication Analyst, (404) 639-7295

CIO Name: Office of Communication, Office of the Director, CDC

Title of the Program or Program Activity: Provided a variety of consultative services to CIOs' programs that targeted to minority population. For example, OC advised the National Diabetes Education Program (NDEP) in audience research and message design as well as coordinated with CDC's partners. Another example is folic acid educational program of the National Center for Environmental Health. Using Healthstyles database, OC helped the program to exam the similarities and differences in knowledge, attitudes, and beliefs about vitamin use, birth defects prevention, and pregnancy intendedness in order to develop messages encouraging women to take enough folic acid. This audience research guides the message design and educational material development.

Background/History of the Activity:

Target Population Served: Depend on different CIO programs

Number of People Served/Reached: Depend on different CIO programs

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): N/A

Expected or Reported outcome and/or Impact: Depend on different CIO programs

Agency Contact Person, Title, Phone Number:

Huan Linnan, Health Communication Analyst, (404)639-7295

CIO Name: Office of Communication, Office of the Director, CDC

Title of the Program or Program Activity: Used the PRIZM Lifestyle Segmentation System and the accompanying COMPASS software to help CIOs to do their audience analysis in planning targeted health communication. Examples of these projects are silicosis prevention among construction workers in Texas, smoking prevention among adolescents, promotion of vitamin use for prevention of birth defects, provision of community hospital services on the north side of Chicago, attitudes toward immunization among families with small children in Chicago and Houston.

Background/History of the Activity: Depend on different CIO programs

Target Population Served: Depend on different CIO programs

Number of People Served/Reached: Depend on different CIO programs

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): N/A
Expected or Reported outcome and/or Impact: Depend on different CIO programs
Agency Contact Person, Title, Phone Number:
Huan Linnan, Health Communication Analyst, (404)639-7295

CIO Name: Office of Communication, Office of the Director, CDC

Title of the Program or Program Activity: Developed a CDC Guideline on Developing Easy-to-read Print materials, *Scientific and Technical Information: Simply Put*. Part of the Guidelines provide insights on how to effectively translate English print materials into Hispanic and other languages. Cultural sensitivity is also a focus of this Guidelines. This Guidelines will facilitate the understanding and acceptance of prevention and health care messages by persons and groups with language and cultural barriers.

Background/History of the Activity: Survey have shown that nearly half of American adult read at basic levels, and that on in five adults in the United States reads below a fifth grade level.

Target Population Served: CDC scientists, writer/editors, EIS officers, States and local health officials

Number of People Served/Reached: First edition: 500; second edition: 5,000 and future internet accessible

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): N/A

Expected or Reported outcome and/or Impact: Translate the complicated scientific and technical information generated at CDC into material that captures and keeps the interests of the public audience.

Agency Contact Person, Title, Phone Number:

Huan Linnan, Health Communication Analyst, (404)639-7295

CIO Name: Office of Communication, Office of the Director, CDC

Title of the Program or Program Activity: Produced fact sheets to support MMWR's reports about minority health issues and distributed both widely to minority media. Using MMWR and other journal opportunities to amplify messages through Spanish language outlets. Made an effort to reach out to Spanish language media by selecting Spanish speaking spokesperson in each CIO. Participated on the planning committee and provided media relations support for the Hispanic Health Symposium. Participated the National Hispanic Journalist Association, National African American Journalist Association and National Asian American Journalist Association conferences. Conducted a seminar to educate Hispanic and other minority women's publications on reporting on epidemiology and medical research. Organized CIO wide communications outreach effort at a local African American women's expo.

Background/History of the Activity: The media activities mentioned above are in line with the offices' priority to get better coverage of minority health issues through untraditional channels and partners.

Target Population Served: The ultimate population reached with health messages were Minority Americans through media and media partners.

Number of People Served/Reached: It is impossible to estimate how many impressions were made through media coverage. The minority journalist meetings and magazine seminar have resulted in an increase of media inquiries from mediums that reach minority women, men, teens, parents and

caregivers. The potential readership and viewership of these outlets are millions.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): Most cost incurred was travel, and booth rental. The seminar was cost were covered by PHS office of women health (\$5,000).

Expected or Reported outcome and/or Impact: Covered in above categories.

Agency Contact Person, Title, Phone Number:

Michelle Bonds, Public Affairs Specialist, (404) 639-7290

CIO Name: National Immunization Program

Title of the Program or Program Activity: Cooperative Agreement with the National Council of LaRaza (NCLR)

Background/History of the Activity: NCLR is currently providing sub-grants to five community based organizations to increase immunization rates among the Hispanic population. They are currently funding organizations in El Paso, Texas, Columbia, South Carolina, Kansas City, Missouri, Hartford, Connecticut, and North Platte, Nebraska. NCLR is also working with the Washington D.C. Coalition and the Kiwanis International's Young Children: Priority One Advisory Council.

NCLR's current activities have involved assistance in creating Spanish language messages for distribution among the community based organizations, capacity building by assisting in the location of funding for community based organizations to conduct immunization programs, and conducting training and workshops to promote immunization.

NCLR continues to prepare a quarterly newsletter which has a current readership of nearly 1,200.

Target Population Served: The National Council of LaRaza provides services to Hispanic organizations through its affiliates and community based organizations.

Number of People Served/Reached: NCLR has not tallied the numbers of people being served. Their reach is nation wide.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): \$235,000 has been given to NCLR for all of their immunization activities.

Expected or Reported outcome and/or Impact: NCLR plays a significant role in informing and educating the Hispanic population of the importance of immunization. They aid in the creation of culturally appropriate immunization materials and the distribution of those materials nation wide.

Agency Contact Person, Title, Phone Number:

Duane Kilgus, CDC/NIP, Project Officer, (404) 639-8784

CIO Name: National Immunization Program

Title of the Program or Program Activity: Cooperative Agreement with the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

Background/History of the Activity: COSSMHO is currently focusing on increasing immunization levels among the Hispanic population in Phoenix, Arizona, Oklahoma City, Oklahoma, Miami, Florida, New York, New York, and Detroit, Michigan.

COSSMHO has focused on the creation and distribution of immunization materials that are linguistically and culturally appropriate. Primary publications produced and/or distributed by COSSMHO this year are "What Parents Need to Know About Infant Immunization," "My Babies

Immunization Book," and a resource list of Hispanic immunization materials.

COSSMHO has provided training to community based organizations and national meetings focused on cultural sensitivity.

COSSMHO has taken part in the planning and implementation of activities surrounding the National Infant Immunization Week.

Target Population Served: COSSMHO provides services to Hispanic organizations through its affiliates and community based organizations.

Number of People Served/Reached: COSSMHO has not tallied the numbers of people being served. Their reach is nation wide.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): \$550,000 has been given to COSSMHO for all of their immunization activities.

Expected or Reported outcome and/or Impact: COSSMHO plays a significant role in informing and educating the Hispanic population of the importance of immunization. They aid in the creation of culturally appropriate immunization materials and the distribution of those materials nation wide.

Agency Contact Person, Title, Phone Number:

Duane Kilgus, CDC/NIP, Project Officer, (404) 639-8784

CIO Name: National Immunization Program

Title of the Program or Program Activity: Cooperative Agreement with the Congress of National Black Churches (CNBC)

Background/History of the Activity: CNBC is currently focusing on increasing immunization levels among the African American population in community based organizations in Atlanta, Washington, D.C., Baltimore, Arlington County, West Virginia and Los Angeles.

CNBC has expanded its pre-school immunization program from Washington, D.C. to Counties in Maryland and Northern Virginia. Activities have included providing immunization materials, technical assistance, training, and general support for the immunization programs in participating churches.

The community based organizations have implemented the Adopt-A-Family program in Washington, D.C. where church membership ensures children in the congregation are up to date on immunization. This program has reached over 200 families and the program has expanded to counties in northern Virginia.

Immunization caravans and Youth Ambassadors are being utilized in churches in Atlanta and Los Angeles to increase immunization levels among African American populations.

Target Population Served: CNBC has targeted church populations through The Church Association for Community Services and the Congress of National Black Churches.

Number of People Served/Reached: CNBC has not tallied the total numbers of people being served. Their reach is nation wide.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): \$313,000 has been given to CNBC for all of their immunization activities.

Expected or Reported outcome and/or Impact: CNBC plays a significant role in informing and educating the African American population of the importance of immunization. They support church based immunization programs throughout the country by providing technical assistance, training, and immunization materials to the participating churches. CNBC continues to expand their programs and recruit new churches to participate in their program.

Agency Contact Person, Title, Phone Number:

Duane Kilgus, CDC/NIP, Project Officer (404) 639-8784

CIO Name: NCIPC

Title of the Program or Program Activity: Neighborhood Level Predictors of Partner Violence

Background/History of the Activity: The investigators propose a secondary data analysis of individual-level predictors of domestic violence to which new U.S. Census block-level indicators of socioeconomic status (working class vs. non-working class area, poverty vs. non-poverty area, under education, and unemployment) will be added. The sample is a 1995 national probability sample of couples (N=1615 couples), with over samples of African American (N=358) and Hispanic (N=527) couples, interviewed with funding from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Recent epidemiologic research has highlighted the importance of incorporating both individual and group-level environmental factors into multi-level analyses of individual health outcomes and behaviors. The specific aim is to incorporate in a contextual mode of partner violence previously identified individual socioeconomic predictors of domestic abuse, such as lower household income and low education, unemployment as well as indicators of alcohol consumption. The results of this pre-intervention study will have significant implications for the future design, implementation and evaluation of programs aimed at preventing partner violence.

Target Population Served: Number of People Served/Reached: African American couples (N=358) x 2 = 716; and Hispanic couples (N=527) x 2 = 1,054

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$126,000

FY 1998 - \$ -0-

Expected or Reported outcome and/or Impact: The results of this pre-intervention study will increase the cultural relevance and racial group specificity of future design, implementation and evaluation elements of programs aimed at preventing partner violence.

Agency Contact Person, Title, Phone Number:

Mr. Ted Jones, Project Officer, (770) 488-4824

CIO Name: NCIPC

Title of the Program or Program Activity: Screening and Brief Intervention for Alcohol Problems

Background/History of the Activity: The SBI project implements a proven approach, known as screening and brief intervention for alcohol problems, in a new clinical setting, the Emergency Department (ED). This approach places minimal demands on service providers' time and resources, emphasizes self-help and behavioral self-management, and has been shown to reduce hazardous drinking. Research demonstrates that SBI is at least as effective as other treatment methods for mild-to-moderate alcohol problems and is clearly superior to no treatment. Because the ED is a frequent source of health care services for persons with alcohol problems, it is a promising venue for SBI. However, this approach has been little studied in the ED, and much remains to be learned about optimizing clinical prevention services in settings where clinical staff and other resources frequently

are overextended.

Target Population Served: Patients receiving care at Grady Memorial Hospital, an inner city emergency department (ED) in Atlanta, Georgia, the emergency department of which serves a predominantly African-American population and an increasing number of Hispanic patients.

Number of People Served/Reached: 900

Dollars Involved for each Activity by Fiscal Year (FY 1997 only):

FY 1997 - \$95,000

Expected or Reported outcome and/or Impact: Evaluation of the effectiveness of this health care intervention for a predominantly African-American population is expected to result in patient outcomes research, clinical practice guidelines, and technology assessments that may be applicable to other inner city EDs as well as EDs generally. Should this technology be proven feasible and clinically effective, we will develop clinical practice guidelines that will encourage practitioners to improve the quality of care they offer by including this intervention.

Agency Contact Person, Title, Phone Number:

Daniel W. Hungerford, Dr.P.H.

Epidemiologist, Principal Investigator

(770) 488-4142

Daniel A. Pollock, M.D.

Medical Epidemiologist, (770) 488-4333

CIO Name: NCIPC

Title of the Program or Program Activity: Sexual and Intimate Violence Among High-Risk Mexican American Females

Background/History of the Activity: The objective for the proposed study is to develop a scientifically based understanding of sexual and intimate partner violence among young (14-18 year of age) high risk Mexican American adolescent females. Such information is seen as critical to the development of effective prevention programs that are culturally responsive to the needs of this rapidly growing population. This group of Mexican American females is particularly vulnerable to violent victimization by virtue of environmental, economic, and cultural factors associated with life in low-income urban neighborhoods. More specifically, this study will shed light on the etiology of sexual and intimate partner violence by examining such violence in samples of high-risk, gang affiliated females in comparison with a representative sample of females who are non-gang affiliated and who demonstrate healthy family and academic functioning.

Target Population Served: Young (14-18 year of age) high risk Mexican American adolescent females

Number of People Served/Reached: To be determined retrospectively

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$281,794

Expected or Reported outcome and/or Impact: Through multi method research techniques that include community based, quantitative and qualitative data collection approaches, the investigators expect to gain a comprehensive and rich understanding of the relationship between multiple risk factors and sexual and intimate partner violence among high risk adolescent females.

Agency Contact Person, Title, Phone Number: Valdez, Avelardo, Ph.D.

University of Texas at San Antonio, Hispanic Research Center

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Email Address: avaldez@utsa.edu

CIO Name: NCIPC

Title of the Program or Program Activity: Poverty, Welfare Reform, and Violent Victimization of Women

Background/History of the Activity: Three interviews will continue a 4-wave longitudinal study of partners' injury of 304 African-, 271 Euro-, and 260 Mexican American women who lived within 200% of poverty and/or were receiving public aid at their first interview. Low attrition (17% over 3 years) makes this an excellent sample in which to study reciprocal effects of domestic abuse and welfare reform with the overall objective of devising ethnically appropriate interventions to prevent and alleviate women's physical and emotional injury. The original specific aims (determine effects of a partner's psychological abuse, violence and sexual aggression on women's emotional state and personality, coping, use of resources, and physical and mental health; identify reciprocal effects among these domains; identify differences in patterns by ethnicity; and clarify interrelationships among types of abuse) will continue. Additional specific aims are to identify reciprocal effects between new welfare requirements and programs and partner abuse (psychological, physical, sexual) and identify patterns and effects of multiple victimization that may vary by ethnicity or type of harm. Continuing interviews with these women will allow in-depth examination of the changes welfare reform will cause in the lives of seriously disadvantaged women.

Target Population Served: 304 African-, 271 Euro-, and 260 Mexican American women

Number of People Served/Reached: 845 women

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998 - \$283,157

Expected or Reported outcome and/or Impact: Investigators expect to (1) determine the effects of a partner's psychological abuse, violence and sexual aggression on women's emotional state and personality, coping, use of resources, and physical and mental health; (2) identify reciprocal effects among these domains; and (3) identify differences in patterns by ethnicity; and clarify interrelationships among types of abuse.

Agency Contact Person, Title, Phone Number:

Marshall, Linda, Ph.D.

University of North Texas,

Department of Psychology

P.O. Box 13587, NT Station, Denton, TX 76203

Phone: 817-565-4145; Fax: 817-565-4682

Email Address: llm@unt.edu; Project Period: 9/1/94-9/29/01

CIO Name: NCIPC

Title of the Program or Program Activity: Violence Risk and Protective Factors for Vulnerable Youth

Background/History of the Activity: The goal of the proposed research is to improve the understanding of risk and protective factors for self-directed violence, weapon carrying and interpersonal violence among youth, in order to better design and target prevention and intervention strategies. Analyses will focus specifically on three high-risk groups of young people: urban American Indian youth, adolescents with a non-heterosexual orientation and; adolescents who have

been held back one or more grades in school. The research will utilize two datasets: The Add Health Study (The National Longitudinal Study of Adolescent Health), developed by researchers at the University of North Carolina-Chapel Hill in tandem with co-investigators at the University of Minnesota, Arizona, SUNY-Albany, and the Batelle Institute. Add Health is a one year longitudinal study of adolescent health, risk behaviors, and protective factors that includes in-home interviews with a multiethnic, nationally representative sample of over 19,000 adolescents in grades 7-12, and their parents. A related dataset includes a survey of school administrators from each participating school in the sampling frame. The second dataset is the Urban Indian Youth Health Survey (UIYHS), from the Indian Youth Resiliency Impact Study from the University of Minnesota. UIYHS is a comprehensive survey of 641 urban American Indian youth ages 9-18. The two-part survey was administered to youth who were participants in an American Indian youth-development program in Minneapolis, and to American Indian youth attending predominantly American Indian public schools, also in Minneapolis. This research will develop an information base for developing violence prevention strategies designed to reduce risk and promote the presence of protective factors in the lives of those youths most vulnerable to violent outcomes.

Target Population Served: Urban American Indian youth, adolescents with a non-heterosexual orientation and; adolescents who have been held back one or more grades in school

Number of People Served/Reached: Over 38,000 persons (19,000 adolescents in grades 7-12, and their parents)

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$300,000

FY 1998 - \$185,817

Expected or Reported outcome and/or Impact: Investigators expect to improve their understanding of risk and protective factors for self-directed violence, weapon carrying and interpersonal violence among youth, in order to better design and target prevention and intervention strategies.

Agency Contact Person, Title, Phone Number:

Resnick, Michael, Ph.D.

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Email Address: reni001@umn.edu

Project Period: 9/1/95-9/29/99

CIO Name: NCIPC

Title of the Program or Program Activity: Predatory and Relationship Violence of Inner-City Youth

Background/History of the Activity: This study extends an existing four wave longitudinal study to evaluate the determinants of risk trajectories of inner-city adolescent males and their families and partners for serious antisocial behavior, violent behavior and different types of violent behavior. A sample of 364 families, with 92% average retention from wave to wave, have been followed for four annual interviews with prior funding. At the last wave 106 subjects reported a romantic relation that lasted at least three months and 1/3 of these young men reported use of violence in that relationship. At this stage, two more annual interviews and associated data will be collected to evaluate the impact of early risk and shifting risk factors on late adolescent behavior. In addition, interviews will be

conducted with each identified partner to obtain additional information about the relationship, the role of violence, and the relative contribution of female and male adolescents to relationship violence. Applying an ecological perspective on risk factors and a transactional perspective on risk development, this study can provide needed clarification of outcomes that are the focus of many preventive efforts, specify the salient predisposing and precipitating risk factors and behavioral sequences, mark the shifts in relative influence of risk factors across the adolescent years, and explain risk development pathways.

Target Population Served: Inner-city adolescent males and their families

Number of People Served/Reached: 364 families

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$244,032

FY 1998 - \$252,929

Expected or Reported outcome and/or Impact: Investigators expect to delineate the determinants of risk trajectories of inner-city adolescent males and their families and partners for serious antisocial behavior, violent behavior and different types of violent behavior.

Agency Contact Person, Title, Phone Number:

Tolan, Patrick H., Ph.D.

University of Illinois at Chicago

Institute for Juvenile Research (M/C 747)

907 South Wolcott Avenue

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Phone: 312-413-1893; Fax: 312-413-1036

Email Address: tolan@uic.edu

CIO Name: NCIPC

Title of the Program or Program Activity: Black Suicide Attempters: Risk Factors and Sex Differences

Background/History of the Activity: The proposed case-control investigation has two specific aims: (1) to examine those person and environment variables that increase African Americans' risk for suicide attempts: and (2) to compare person and environment risk factors that differentiate between African American women and African American men who attempt suicide. This research is based upon a culturally-informed approach to Social Cognitive Theory. The sample will consist of four groups (n = 50/group) of 18-44 year old African Americans who seek services at a large public hospital that serves a low income, minority population: (1) African American women who attempt suicide: (2) African American men who attempt suicide; (3) African American women with no history of suicidal behavior, and (4) African American men with no history of suicidal behavior. Participants will complete measures of key person (cognitions, skills, emotional processes) and environment (stressors, social environment, physical and economic environment) variables. Odds ratios will be computed and logistic regression analyses will be performed in order to identify those risk factors that differentiate between attempters and nonattempters, as well as between female and male attempters. The information gleaned from this study will aid in the design of culturally-informed prevention efforts.

Target Population Served: African American women and African American men who attempt suicide

Number of People Served/Reached: Approximately 200 person

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998 - \$216,211

Expected or Reported outcome and/or Impact: The project is expected to identify those risk factors that differentiate between suicide attempters and nonattempters, as well as between female and male suicide attempters.

Agency Contact Person, Title, Phone Number:

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Department of Psychiatry

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Email Address: nkaslow@emory.edu

Project Period: 9/30/98 - 9/29/99

CIO Name: NCIPC

Title of the Program or Program Activity: Lethal and Non-Lethal Adolescent Violence: Social, Economic, and Neighborhood Risk Factors

Background/History of the Activity: The proposed research has three aims. First, it will specify and test theoretical models based on social isolation and concentrated poverty to determine social economic risk factors for adolescent homicide for 1976-94 in U.S. cities. Second, the conceptual model will be respecified and replicated for homicide and hospitalized injury cases in New York City for 1988-94, a period marked by first rising and then falling homicide rates. Geographical information systems (GIS) will be used to spatially locate homicide, suicide, and hospitalized intentional injury cases involving adolescents in New York City, and establish injury-specific (e.g., victim, circumstance, method) population rates by census blocks, census tracts, and health districts. Census, health, and criminal justice data will be integrated with injury data for model testing of risk factors for specific types of adolescent violence. The analyses will identify social and economic characteristics of neighborhoods with elevated risk for adolescent violence and suicide. Third, the investigators will conduct qualitative neighborhood-level case studies to identify and describe contextual effects that characterize micro-areas with either increasing, stably high, declining, or stably low rates of adolescent violence over time. The results will provide information to public health practitioners to target neighborhood-specific prevention and intervention efforts to reduce social and economic risks of lethal and non-lethal adolescent violence.

Target Population Served: Homicide, suicide, and hospitalized intentional injury cases involving adolescents in New York City; by inference this project targets African American, Hispanic, and Caribbean American youth.

Number of People Served/Reached: Undetermined; actual numbers will be extracted from retrospective analysis.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$249,442

FY 1998 - \$249,368

Expected or Reported outcome and/or Impact: the project will determine injury-specific (e.g., victim, circumstance, method) population rates by census blocks, census tracts, and health districts which will be used to target neighborhood-specific prevention and intervention efforts to reduce

social and economic risks of lethal and non-lethal adolescent violence.

Agency Contact Person, Title, Phone Number:

Fagan, Jeffrey A., Ph.D.

Columbia University

School of Public Health

600 West 168th Street

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Email Address: jaf45@columbia.edu

Project Period: 9/1/96-8/31/99

CIO Name: NCIPC

Title of the Program or Program Activity: Community Intervention of Falls in East L.A. Elderly

Background/History of the Activity: The Southern California Injury Prevention Research Center (SCIPRC), at the University of California, is working to address injury prevention measures focused on elderly Hispanics living in East Los Angeles. The program is using three primary prevention strategies: 1) a community-based effort involving education and information dissemination; 2) modifying the home environment; 3) educating seniors about the importance of physical activity. Working in collaboration with the Roybal Institute for Applied Gerontology, these researchers have accomplished the following: 1) developed and expanded a community consortium; 2) initiated a community forum; 3) expanded the information resource capacity within the Roybal Institute; 4) identified various risk factors for injuries in the target population; 5. developed culturally sensitive strategies to address the identified risk factors. The program is currently implementing and evaluating the impact of these strategies on reducing fall risk among older Hispanics within the community of East Los Angeles.

Target Population Served: Hispanics aged 65 years and older

Number of People Served/Reached: The target community contains 30,115 Hispanic persons over age 65.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$152,250

FY 1998 - \$157,340

Expected or Reported outcome and/or Impact: Education about reducing fall-related injuries with special focus on reducing home hazards

Agency Contact Person, Title, Phone Number:

Jess F. Kraus, M.P.H., Ph.D.

(310) 825-7066

Colorado Injury Intervention and Surveillance Program

Target Minority Populations: Hispanic and African-American youth being targeted in Pueblo and Jefferson Counties.

Contact Person: Sallie Thoreson, Program Coordinator

Phone: 978-248-7161

Award Amount: \$174,292

Florida Bicycle-Related Brain Injury Prevention Project

Target Population: Collaborating with the faith community to implement free helmet distribution programs in low income neighborhoods.

Contact Person: Ron Davis, Program Coordinator

Phone: 850-922-6880

Award Amount: \$162,668

California Bicycle Head Injury Prevention Project**Target Population:**

- Developing and disseminating Spanish language reading and educational material and conducting culturally appropriate educational and media campaigns to increase community awareness.
- Disseminating culturally appropriate literature and bicycle helmet promotional material to parents of children.

Contact Person: Valodi Foster, Program Coordinator, 916-324-3682

Award Amount: \$185,000

Rhode Island Bicycle Safety Program**Target Population:**

- School-based helmet promotion and distribution programs in Central Falls community, 29% Hispanic and 22% below poverty level.
- Collaborated with the Department of Human Services to include bicycle helmet educational and promotional material with monthly checks to 56,000 recipients and free helmet discount coupons to households with children ages 5 - 8 years of age.

Award Amount: \$169,858

Agency Contact Person, Title, Phone Number:

Nancy Libby-Fisher, Program Coordinator

401-222-1394, ext. 149

Oklahoma Community Bicycle Program**Target Population:**

- Community-based program comparing helmet usage rates between low income and high/middle income communities before and after being exposed to educational and promotional interventions.

Award Amount: \$170,000

Agency Contact Person, Title, Phone Number:

Shelli Stephens-Stidham, Phone: 405-271-3430

Tab C

Health Service Delivery

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: American Social Health Association

Background/History of the Activity: The American Social Health Association has formulated a national model for the primary and secondary prevention of cervical cancer, using two counties in North Carolina as pilot sites, and is focusing on the economically disadvantaged, Hispanic and African-American populations, and women living in hard-to-reach urban and rural areas.

Target Population Served: Hispanic Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$247,321

FY 1998 - \$187,025

Expected or Reported Outcome and/or Impact: The American Social Health Association's cervical cancer prevention project will consist of developing and delivering culturally appropriate media messages, educational materials, client support services, and health education workshops in the community setting.

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Baylor College of Medicine, Center for Cancer Control Research

Background/History of the Activity: Baylor College of Medicine's Center for Cancer Control Research builds upon its existing relationship with the Intercultural Cancer Council and the Biennial Program Series on Minorities to provide state and local health agencies with additional opportunities to interface with minority and underserved populations.

Target Population Served: Hispanic Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$228,728

FY 1998 - \$283,253

Tab D

Research

CIO Name: NCHSTP/DSTDP/ESB

Title of the Program or Program Activity: Innovations in Syphilis Prevention Projects

Background/History of the Activity: The research program Announcement 523, entitled "Innovations in Syphilis Prevention in the United States: Reconsidering the Epidemiology and Involving Communities", was initiated October 1, 1995. Participating research centers originally included: Jefferson Comprehensive Care Systems, Inc. (Pine Bluffs, Arkansas), Louisiana Department of Health and Hospitals, South Carolina Department of Health and Environmental Control, and the University of Texas Health Sciences Center at Houston School of Public Health. The initiative has three (3) main components:

- Epidemiological examination of syphilis transmission to direct prevention programs,
- Intervention research aimed at designing and piloting strategies to reduce syphilis incidence by increasing safer sex behavior and health care-seeking behavior within communities affected by syphilis, and
- Surveillance and evaluation research to measure the impact and cost-effectiveness of syphilis prevention efforts.

The research program is now in its fourth year (Phase 2), and now includes: Louisiana Department of Health and Hospitals, South Carolina Department of Health and Environmental Control, and the University of Texas Health Sciences Center at Houston School of Public Health.

Target Population Served: Sexually active African American adults

Number of People Served/Reached: A community-based intervention, directly reaching approximately 5000 persons across all of the centers

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

1997 - \$1,089,000

1998 - \$ 993,000

Expected or Reported outcome and/or Impact:

- reduction in primary and secondary syphilis incidence
- reduction of sexual risk taking behavior
- increase health care-seeking behavior

Agency Contact Person, Title, Phone Number:

Jo A. Valentine, M.S.W., (404) 639-8366

CIO Name: CDC-NCEH

Title of Program/Activity: Cooperative Agreement for Evaluation of Trends and Risk Factors in Mortality and Morbidity from Sickle Cell Disease after Newborn Screening

Background/History of the Activity: Newborn screening programs for sickle cell disease (SCD) allow for early medical intervention to prevent mortality and morbidity. Promoting early treatment for SCD is a Healthy People 2000 objective. Studies of infants diagnosed with SCD at birth and followed at comprehensive (academic) sickle cell centers have demonstrated a reduction in complications. However, contemporary information is needed regarding the actual implementation of early medical intervention among large populations identified by state newborn screening programs and the rate of SCD complications in well-defined geographic areas. In addition, variability of health outcomes exist even in children receiving adequate comprehensive care, suggesting that risk factors such as provision of penicillin prophylaxis and other medical care, sociodemographic milieu, and genetic subtypes of SCD or coinherited hematologic factors may modulate disease severity.

Purpose of the Program/Activity: To determine health outcomes among children with sickle cell disease. To assess compliance with outpatient treatment recommendations. To assess risk factors for adverse health outcomes, e.g., use of penicillin prophylaxis and genetic subtypes of SCD.

Target Population Served: African-American children affected by SCD.

Number of People Served/Reached: Approximately 840 affected children born in 1992 or 1993 in California, Illinois, and New York. These states account for over 20% of all births to African-Americans and in 1994 represent 3 of the 4 largest states in terms of black natality. Approximately 4000 infants with SCD were born in the U.S. in 1992.

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$193,000

New York \$64,334

California \$64,333

Illinois \$64,333

FY1998 - \$0

New York (No cost extension) \$0

California (No cost extension) \$0

Illinois (No cost extension) \$0

Expected or Reported Outcome and/or Impact: To determine health outcomes among children with sickle cell disease. To assess compliance with outpatient treatment recommendations. To assess risk factors for adverse health outcomes, e.g., use of penicillin prophylaxis and genetic subtypes of SCD.

Agency Contact Person, Title, Phone Number:

Cynthia Moore, M.D., Ph.D., Acting Deputy Director

Division of Birth Defects and Pediatric Genetics (Proposed), Phone 770-488-7190

CIO Name: NCEH and Indian Health Service

Title of Program/Activity: Aberdeen Area Fetal Alcohol Syndrome Prevention Program (1991 - 1997)

Background/History of the Activity: Because of high rates of alcohol abuse and previous epidemiology-based prevention programs initiated in the Aberdeen Area of IHS (19 sites in South Dakota, North Dakota, Nebraska and Iowa), CDC entered into an intra-agency agreement with IHS to conduct the FAS Prevention Program.

Purpose of the Program/Activity: This FAS Prevention Program was launched to: establish accurate rates of FAS and maternal substance use in South Dakota and throughout the Aberdeen Area; establish reasonable surveillance systems to monitor these rates over time; develop and evaluate a training guide for prenatal care providers to ascertain substance use in pregnant women and then make appropriate referrals; and mobilize community resources in developing a systematic approach to counseling and treatment services.

Target Population Served: Native American women of childbearing age

Number of People Served/Reached: Fifteen to twenty health care providers were trained at approximately five sites regarding use of the screening questionnaire.

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$300,000 - NCEH

Expected or Reported Outcome and/or Impact: Key accomplishments of this intra-agency agreement with IHS include: Surveillance efforts indicating American Indian FAS prevalence estimates of 2.7/1,000 live births; development of a self-assessment instrument that was the first maternal substance abuse questionnaire to be validated among an American Indian population; finalization of a curriculum for training health care providers to identify women who drink alcohol at harmful levels and then to provide appropriate intervention; and conduct of a case-control study examining characteristics of women who gave birth to children with FAS.

Agency Contact Person, Title, Phone Number:

Louise Floyd, R.N., D.S.N., Chief, Fetal Alcohol Syndrome Prevention

Phone: 770-488-7370

CIO Name: NCEH

Title of the Program or Program Activity: Development of Concepts, Messages, and Draft Materials for low SES African-American Women Addressing Behaviors to Prevent Fetal Alcohol Syndrome (FAS).

Background/History of the Activity: Fetal Alcohol Syndrome (FAS) is the most serious condition related to maternal consumption of alcohol during pregnancy and is characterized by intellectual and cognitive deficits, growth deficiencies, central nervous system dysfunction, craniofacial abnormalities and behavioral maladjustments. The estimated institutional and medical costs for one child with FAS are \$1.4 million over a lifetime.

African-American women appear to bear a disproportionate share of FAS-related morbidity. The incidence of FAS among low income African-American women residing in inner cities is estimated at 3.9 cases per 1,000 live births, which is four times higher than the overall prevalence estimates for the general population. Factors most commonly identified as potential contributors to these high incidence rates are drinking patterns, cultural norms, and low SES.

African-American women in their childbearing years need better information about the dangers of drinking to their health in general, as well as during pregnancy. Unfortunately, a National Center for Health Statistics study found that doctors appear less likely to tell a black woman to quit drinking and smoking during pregnancy than they are to tell a white woman to do so. In addition, a National Institute on Alcohol Abuse and Alcoholism (NIAAA) Epidemiologic Bulletin, indicated that black women... and women with family incomes of less than \$20,000 per year were less likely than all women combined to have heard of FAS.

Purpose of the Program/Activity: African-American women are at high risk for alcohol-exposed pregnancies and in need of targeted prevention efforts. One way to achieve this is through the use of culturally and ethnically appropriate health communication activities targeted towards African-American women. The overall goals of this project are to increase awareness and knowledge among low income African-American women regarding the behaviors that contribute to FAS.

Target Population Served: The primary target audience is women at high risk of having an alcohol-exposed pregnancy: African-American women aged 18-44 years who consume moderate to heavy amounts of alcohol or engage in binge drinking, are sexually active, are capable of becoming pregnant, and have annual household incomes of less than \$30,000/year.

Number of People Served/Reached: Four exploratory focus groups with the target audience are planned for February 1999. Two concept testing focus groups are planned for April 1999. Each focus group will contain a maximum of nine participants. Information gleaned from the focus groups will be used to develop educational materials (brochures, posters, etc.) addressing the prevention of FAS. These materials can be easily disseminated in settings accessed by African American women at high risk for an alcohol exposed pregnancy. These include STD clinics, WIC clinics, drug and alcohol treatment centers, mental health programs, social services settings, correctional systems, hospitals, and private physician offices.

Dollars Involved for Each Activity by Fiscal Year:

FY 1998 - \$100,000

Expected or Reported Outcome and/or Impact: The primary objective of this project will be to develop health communication materials which will increase African-American women's awareness and knowledge of the importance of reducing their current drinking to below high risk levels and to postpone pregnancy until risk drinking or alcohol abuse problems have ceased.

Agency Contact Person, Title, Phone Number:

Deborah White, Ph.D., Fetal Alcohol Prevention Section, 770- 488-7375

CIO Name: NCEH

Title of the Program or Program Activity: Hispanic Health Communication Research

Background/History of the Activity: While all women of reproductive age capable of becoming pregnant could have a baby with a neural tube defect (NTD), specific populations at high risk are women with a previously affected pregnancy, women of low socioeconomic status, and women of Hispanic ethnicity. CDC/NCEH is conducting research to find out what messages about folic acid consumption are motivating to Hispanic women (at higher risk for NTDs.)

Purpose of Program/Activity: The purpose of this activity is to develop messages, in Spanish, for Hispanic women to learn about folic acid and the prevention of birth defects, and to motivate them to consume 400mcg. of folic acid daily.

Target Population Served: All Hispanic women of child-bearing age (18-45) who speak Spanish as their primary language, with a concentration of those served by the public health system. (Hispanic women who speak English were also included extensively in the English-language materials/message testing.)

Number of People Served/Reached: Population of Hispanic women 18-45 in the US

Dollars Involved for each Activity by Fiscal Year:

FY 1998 - \$500,000

Expected or Reported Outcome and/or Impact: To increase Hispanic women's knowledge about folic acid and NTDs, and to increase consumption of 400mcg. of folic acid on a daily basis.

Agency Contact Person, Title, Phone Number:

Katherine Lyon Daniel, Epidemiologist, 770-488-7182

CIO Name: NCEH

Title of the Program or Program Activity: Zap Asthma - Georgia

Background/History of the Activity: Asthma is one of the most common and costly diseases in the United States. In contrast to most other chronic diseases, the health burden of asthma is increasing rapidly. The goals for asthma control outlined as part of the Healthy People 2000 goals will not be achieved; in fact, by most measures the asthma problem is worse now than it was 15 years ago.

Since 1980, the estimated number of asthma sufferers has risen from 6.7 million to 13.8 million in 1994. Currently, an estimated 4.8 million children, 7 % of children under 18, suffer from asthma. The burden of asthma falls disproportionately on African-American and Hispanic populations and appears to be particularly severe in urban inner cities. In addition to the increasing proportion of the population with asthma, asthma morbidity and mortality are increasing. Over 5,000 persons died from asthma in 1995, and asthma accounts for nearly 500,000 hospitalizations per year. The financial burden of asthma was \$6.2 billion in 1990 and is estimated to increase to \$14.5 billion by 2000.

Purpose of the Program/Activity: The ZAP Asthma project is a three year, community-based asthma prevention model that focuses on decreasing the exposure of children with asthma to known environmental risk factors and thereby decreasing the severity and duration of asthma symptoms. This comprehensive project integrates clinical care, environmental interventions, education, and significant community involvement to fulfill its purpose. The study population is children 5 to 12 years of age that live in the Atlanta Empowerment Zone. Twelve (12) community health workers, that lived in the empowerment zone, were hired to enroll participants and carry out the environmental interventions.

A unique feature of this project is the extensive partnership that was developed. The project is governed by ZAP Asthma, Inc., a 501-C(3) (not-for-profit) partnership that has representation from 17 organizations including: 7 HMO's, government agencies (Federal and local), academia, national health organizations, and the Empowerment Zone and its community members. CDC's responsibility is the development and implementation of the research protocol for the environmental interventions and to collaborate with the working groups that are developing the clinical component, the community education component, and the evaluation component. These working groups are chaired by Grady Hospital, Clark-Atlanta University, and Rollins School of Public Health, respectively. The annual operating budget of ZAP Asthma (approximately \$1.2 M) is obtained through fund raising efforts of the HMO community and direct contributions from the HMO's themselves.

Target Population Served: Urban minority children

Number of People Served/Reached: 108

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$400,000

FY 1998 - \$500,000

Expected or Reported Outcome and/or Impact: Reduction in the number of hospitalizations and an improved quality of life.

Agency Contact Person, Title, Phone Number:

James Rifenburg, Deputy Branch Chief, Air Pollution and Respiratory Health Branch
770-488-7320

CIO Name: NCEH

Title of the Program or Program Activity: Wisconsin Community-Based Asthma Intervention Demonstration Project

Background/History of the Activity: Asthma is one of the most common and costly diseases in the United States. In contrast to most other chronic diseases, the health burden of asthma is increasing rapidly. The goals for asthma control outlined as part of the Healthy People 2000 goals will not be achieved; in fact, by most measures the asthma problem is worse now than it was 15 years ago.

Since 1980, the estimated number of asthma sufferers has risen from 6.7 million to 13.8 million in 1994. Currently, an estimated 4.8 million children, 7 % of children under 18, suffer from asthma. The burden of asthma falls disproportionately on African-American and Hispanic populations and appears to be particularly severe in urban inner cities. In addition to the increasing proportion of the population with asthma, asthma morbidity and mortality are increasing. Over 5,000 persons died from asthma in 1995, and asthma accounts for nearly 500,000 hospitalizations per year. The financial burden of asthma was \$6.2 billion in 1990 and is estimated to increase to \$14.5 billion by 2000.

Purpose of the Program/Activity: This project will seek to show that a reduction in exposure to indoor allergens, specifically dust mites, cockroaches and animal dander, will result in fewer asthma exacerbations and need for medical care for minority children. CDC is collaborating with the Wisconsin Department of Health and Social Services, American Lung Association of Wisconsin, Fight Asthma Milwaukee, and the Medical College of Wisconsin on this activity.

Target Population Served: Urban Minority Children

Number of People Served/Reached: 200

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$120,000

FY 1998 - \$ -0-

Expected or Reported Outcome and/or Impact: Reduction in the number of hospitalizations

Agency Contact Person, Title, Phone Number:

James Rifenburg, Deputy Branch Chief, Air Pollution and Respiratory Health Branch
770-488-7320

CIO Name: NCEH

Title of the Program or Program Activity: California Community-Based Asthma Intervention Demonstration Project

Background/History of the Activity: Asthma is one of the most common and costly diseases in the United States. In contrast to most other chronic diseases, the health burden of asthma is increasing rapidly. The goals for asthma control outlined as part of the Healthy People 2000 goals will not be achieved; in fact, by most measures the asthma problem is worse now than it was 15 years ago.

Since 1980, the estimated number of asthma sufferers has risen from 6.7 million to 13.8 million in 1994. Currently, an estimated 4.8 million children, 7 % of children under 18, suffer from asthma. The burden of asthma falls disproportionately on African-American and Hispanic populations and appears to be particularly severe in urban inner cities. In addition to the increasing proportion of the population with asthma, asthma morbidity and mortality are increasing. Over 5,000 persons died from asthma in 1995, and asthma accounts for nearly 500,000 hospitalizations per year. The

financial burden of asthma was \$6.2 billion in 1990 and is estimated to increase to \$14.5 billion by 2000.

Purpose of the Program/Activity: This project seeks to show that a reduction in exposure to environmental tobacco smoke will result in a reduction in asthma hospitalizations in children living in the City of Fresno. CDC is collaborating with the California Department of Health, Medi-Cal Managed Care, American Institutes of Research, San Joaquin Valley Health Consortium (a consortium of 29 health agencies and health education groups), and the Valley Children's Hospital on this activity.

Target Population Served/Reached: Urban Minority Children

Number of People Served/Reached: 200

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$120,000

FY 1998 - \$ -0-

Expected or Reported Outcome and/or Impact: Reduction in the number of hospitalizations

Agency Contact Person, Title, Phone Number:

James Rifenburg, Deputy Branch Chief, Air Pollution and Respiratory Health Branch
770-488-7320

CIO Name: NCEH

Title of the Program or Program Activity: Asthma Education for Families in the Welfare-to-Work program - Wisconsin

Background/History of the Activity: Asthma is one of the most common and costly diseases in the United States. In contrast to most other chronic diseases, the health burden of asthma is increasing rapidly. The goals for asthma control outlined as part of the Healthy People 2000 goals will not be achieved; in fact, by most measures the asthma problem is worse now than it was 15 years ago.

Since 1980, the estimated number of asthma sufferers has risen from 6.7 million to 13.8 million in 1994. Currently, an estimated 4.8 million children, 7 % of children under 18, suffer from asthma. The burden of asthma falls disproportionately on African-American and Hispanic populations and appears to be particularly severe in urban inner cities. In addition to the increasing proportion of the population with asthma, asthma morbidity and mortality are increasing. Over 5,000 persons died from asthma in 1995, and asthma accounts for nearly 500,000 hospitalizations per year. The financial burden of asthma was \$6.2 billion in 1990 and is estimated to increase to \$14.5 billion by 2000.

As a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, many States are requiring able-bodied adults to get training or a job to receive benefits. One barrier to successful participation in training or employment is having asthma or a child with asthma.

Purpose of the Program/Activity: This project seeks to show that one can overcome the barrier of asthma through self-management training. Participants will receive training and education on asthma basics, "tools of the trade" (e.g., metered dose inhalers, peak flow meters, spacers), indoor and outdoor allergens, and tips on how to avoid these allergens.

Target Population Served: Welfare-to-Work participants that have asthma or a child with asthma.

Number of People Served/Reached: 2000

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$ -0-

FY 1998 - \$100,000

Expected or Reported Outcome and/or Impact: Reduction in asthma exacerbations that lead to missed training or work.

Agency Contact Person, Title, Phone Number: James Rifenburg, Deputy Branch Chief
Air Pollution and Respiratory Health Branch, 770-488-7320

CIO Name: NCEH

Title of the Program or Program Activity: Native American Tribal Participation in the Hanford Environmental Dose Reconstruction (HEDR) Project and the Hanford Thyroid Disease Study (HTDS).

Background/History of the Activity: The HEDR Project began in 1988 as a result of public and tribal concerns over past operations of the Hanford Nuclear Site in Washington State. The purpose of the HEDR Project was to determine how much radioactive material was released from Hanford, how that material may have reached and exposed people, and what radiation dose people may have received. The HEDR Project was completed in 1995 and mathematical computer models to estimate radiation doses to people were developed. Because of the unique dietary and lifestyle habits of affected Native American Tribes, individual contracts were established with 9 tribes to collect tribal specific data which could be used to estimate representative radiation doses to tribal members.

In 1988, the HTDS was mandated by an act of Congress. The CDC was directed by Public Law 100-607 to conduct a study of thyroid morbidity among persons who lived near the Hanford Nuclear Site between 1944 and 1957 including Native Americans. The Fred Hutchinson Cancer Research Center (FHCRC) was selected by CDC to conduct the study and a contract was awarded to FHCRC in 1989. The primary purpose of the study was to determine whether thyroid disease has increased among persons exposed to air releases from Hanford between 1944 and 1957, the years when the greatest releases of iodine-131 occurred. Since the dose models developed by the HEDR project would be used by HTDS, close coordination of these two studies throughout the life of the projects was necessary.

Purpose of the Program/Activity: The purpose of these contracts was to allow tribal researchers to perform interviews of tribal members in order to gather the dietary and lifestyle information required by the HEDR computer models for estimating radiation doses. These radiation doses would also be used in a determination of the feasibility of conducting a separate study of thyroid disease among tribal members.

Target Population Served: Nine Northwest Native American tribes

Number of People Served/Reached: Individual tribal memberships vary from the hundreds for some tribes to more than 8,000 for others. Exact population figures are not known.

Dollars Involved for Each Activity by Fiscal Year:

FY 1997- \$0

FY 1998- \$0 Contracts concluded FY 1996. However, CDC work on analyzing tribal data and estimating radiation doses and providing reports continues.

Expected or Reported Outcome and/or Impact: Work with the Northwest Tribes will assist in answering questions tribal nations have about the potential health effects tribal members may have

experienced as a result of historic exposures to radiation releases from the Hanford site.

Agency Contact Person, Title, Phone Number:

Mike Donnelly, Acting Deputy Chief, Radiation Studies Branch, 770- 488-7040

CIO Name: NCEH

Title of the Program or Program Activity: Adolescent Health and Development Project - Secondary Conditions in Youth with a Mobility Limitation (Emphasizing African-American Youth)

Background/History of the Activity: There are 54 million Americans who have a disability. Persons with disabilities represent the largest minority group in the U.S. IOM estimates the costs (medical and lost productivity) associated with disability to be \$300 billion each year. Many of these individuals are at special risk for developing a secondary condition as a result of a primary disability. CDC currently collects and shares information, supports prevention of secondary conditions, and partners with state governments and universities on a variety of disability and health promotion and wellness activities.

Purpose of the Program/Activity: This project is designed to described the secondary conditions experienced by youth (ages 12-18) who have a disability in the mobility domain. The project is assessing problems in physical and mental health, social and academic functioning, and the adolescent development process or self-concept, autonomy, vocational plans, and health risk behavior.

Target Population Served: The eventual study population is expected to total 400 participants, with an oversampling of African-American youth

Number of People Served/Reached: Of the 400 anticipated study participants, the project expects that approximately one-third will be African-American adolescents. As of January 1999, 55 of the 167 completed interviews have been with African-Americans.

Dollars Involved for each Activity by Fiscal Year:

FY 1997 - \$279,804

FY 1998 - \$284,562

Expected or Reported Outcome and/or Impact: The project will develop pilot interventions during the final year of the project which will focus on the protective factors for minimizing the effects of, or preventing secondary conditions. These will include assessments of risk factors and the design of client-directed programs with selected youth addressing physically-associated secondary conditions and social functioning activities important to the participation of youth with disabilities in important life activities. These would lead to a broader intervention approach in addressing this population with replication in other grantee and community settings.

Agency Contact Person, Title, Phone Number:

Joe Smith, Senior Project Officer, NCEH

Office on Disability and Health, 770-488-7082

CIO Name: National Immunization Program (NIP)

Title of the Program or Program Activity: Manuscript - Risk Factors Associated with Underimmunization: Beyond Race/Ethnicity and Poverty

Background/History of the Activity: Underimmunization is related to primarily two factors: low educational attainment and the age of the head-of-the-household. However, race/ethnicity still appears to play a moderately significant role in the immunization level of children in the United States.

Purpose of the Program/Activity: To explore the role of race/ethnicity in the parents' utilization of immunization services.

Target Population Studied: Several ethnic groups (African American, White American, Hispanic American)

Number of People Served/Reached: N/A

Dollars Involved for each Activity by Fiscal Year: 0 (intramural activity)

Expected or Reported Outcome and/or Impact: Contribute to current knowledge in the area of understanding the role of race/ethnicity in the utilization of preventive services.

Contact Person, Title, Phone Number:
Sheree Marshall Williams, Ph.D., (404-639-8796)

CIO Name: NIP

Title of the Program or Program Activity: Evaluation

Background/History of the Activity: The Housing and Urban Development immunization initiative is a result of a partnership among the Department of Human Services (HHS), Housing and Urban Development (HUD) and the Corporation for National Service (CNS).

Purpose of the Program/Activity: The purpose of the initiative is to provide immunization services to public housing residents through establishing demonstration projects to increase immunization levels.

Target Population Studied: Public housing communities (primarily minority)

Number of People Served/Reached: Approximately 100,000 in four locations (Kansas City, Kansas; Little Rock Arkansas; Philadelphia, Pennsylvania; Chicago, Ill.)

Dollars Involved for each Activity by Fiscal Year: Approximately \$1.4 million

Expected or Reported Outcome and/or Impact: Generate health care needs assessment, a linkage between primary care and the target population, show evidence of improved immunization, show evidence that the intervention is sustainable.

Contact Person, Title, Phone Number:
Sheree Marshall Williams, Ph.D. (404-639-8796)

CIO Name: NIP

Title of the Program or Program Activity: Evaluation of Vietnamese-American Child Catch-Up Hep B Interventions

Background: NIP's published objective is to promote Hep B vaccination of at least 90% of Asian and Pacific Islander (API) children by the close of Yr 2000. The Vietnamese-American community is one of the largest API groups in the US with one of the highest HBV infection rates.

Purpose of the Program/Activity: To evaluate 2 intervention methods to implement child Hepatitis B catch-up in Vietnamese-American children ages 4-18 for the purpose of improving the promotion and evaluation of Hep B vaccination.

Target Population Served: Vietnamese-American Children Ages 4-18.

Number of People Served/Reached: 1 million Asian and Pacific Islander children

Dollars Involved for each Activity by Fiscal Year:
FY 1997 - \$220,000
FY 1998 - \$266,080

Expected or Reported Outcome and/or Impact: This project will allow NIP to learn and implement the best and most effective methods of child Hep B catch-up in this ethnic group and

point the way to other ethnic-specific efforts in the future.

Contact Person, Title, Phone Number:

Gary L. Euler, Dr.P.H., Epidemiologist, 404-639-8742

CIO Name: NIP

Title of the Program or Program Activity: Trends in influenza vaccination coverage among elderly African Americans, United States 1993-1997

Background/History of the Activity: Preliminary analysis of the Behavioral Risk Factor Surveillance System (BRFSS) data collected in 1993, 1995, and 1997 is being conducted for the purpose of drafting an abstract that will be submitted to a special BRFSS section that will be held at the next annual meeting of APHA. The abstract is due to the BRFSS coordinator by January 22nd. It is due at APHA on February 3rd.

Purpose of the Program/Activity: Submission of an abstract for possible presentation at the next annual meeting of APHA.

Target Population Served: African-Americans

Number of People Served/Reached: Representative sample of the elderly African-American population in the U.S.

Dollars Involved for each Activity by Fiscal Year: \$4,000

Expected or Reported Outcome and/or Impact: There has been a steady increase in the vaccination of this population during this time period, but coverage remains below the Healthy People 2000 objective of 60% coverage.

Contact Person, Title, Phone Number:

Karen Wooten, Mathematical Statistician, 404-639-8343

CIO Name: NIP

Title of the Program or Program Activity: National Immunization Survey (NIS)

Background/History of the Activity: The NIS is an ongoing nationwide telephone sample survey of children 19-35 months of age. During the telephone interview, vaccination history and socio-demographic information are collected. With parent consent, data on vaccination history are supplemented by contact with the children's health care providers.

Purpose of the Program/Activity: To monitor vaccination coverage in children by race/ethnicity at the national, State, and 28 urban areas considered to be at high-risk for under-vaccination, characterize children at risk of undervaccination, target programs to increase coverage in children at risk, provide outcome measures for the evaluation of programs to increase coverage, and describe trends in vaccination coverage in these populations.

Target Population Served: Children who are of any race/ethnicity background and at the national, State, and 28 urban areas.

Number of People Served/Reached: Approximately 32,000 children aged 19-35 months of age and their households.

Dollars Involved for each Activity by Fiscal Year: \$14,000,000

Expected or Reported Outcome and/or Impact: Descriptions of coverage among minority populations have been published in two MMWR's and will be included in annual surveillance reports as of September 1999. The knowledge of coverage among minority and underserved populations has the potential for allowing design and implementation of programs to improve coverage in these groups. Continued monitoring of coverage allows later evaluation of the programs.

Contact Person, Title, Phone Number: Dr. Victor Coronado, NIS Team Leader, 404 639-8892

CIO Name: NIP

Title of the Program or Program Activity: National Health Interview Survey (NHIS), Immunization Supplement

Background/History of the Activity: The NHIS is an ongoing nationwide sample survey in which data are collected through personal household interviews. Information obtained includes vaccination history and socio-demographic information among a representative sample of US households. As of 1995, black and Hispanic populations are oversampled; as of 1999, ethnicity among Hispanics will be collected. Only among children 12-35 months of age and with parent consent, data on vaccination history are supplemented by contact with the children's health care providers through a project referred to as the National Immunization Provider Record Check Study (NIPRCS).

Purpose of the Program/Activity: To monitor vaccination coverage in children by race and socioeconomic status at the national level, characterize children at risk of undervaccination, target programs to increase coverage in children at risk, provide outcome measures for the evaluation of programs to increase coverage, and describe trends in vaccination coverage in these populations.

Target Population Served: A representative sample of U.S. households

Number of People Served/Reached: Over 40,000 households and of these, 3,000 children 12-35 months of age are included in the NIPRCS .

Dollars Involved for each Activity by Fiscal Year: At least \$700,000.

Expected or Reported Outcome and/or Impact: Descriptions of coverage among African-American children have been reported in multiple MMWRs. The knowledge of coverage among minority and underserved populations has the potential for allowing design and implementation of programs to improve coverage in these groups. Continued monitoring of coverage allows later evaluation of the programs.

Contact Person, Title, Phone Number: Shannon Stokley, M.P.H., NHIS and NIPRCS Project Coordinator, 404-639-8734.

CIO Name: NIP

Title of Program/Activity: Diphtheria Adult Seroprevalence Survey

Background/History of the Activity: In response to the recent identification of toxigenic *Corynebacterium diphtheriae* in a Northern Plains Indian community of South Dakota, IHS, the SD DOH and CDC are planning a seroprevalence survey of adult hospital users living in Pine Ridge, SD.

Purpose of the Program/Activity: To determine the degree of protection against diphtheria among adult hospital users.

Target Population Served: American Indian adults age > 18

Number of People Served/Reached: Pine Ridge population: 25,000

Dollars Involved for each Activity by Fiscal Year:

FY 1998 - \$7,490

Expected or Reported Outcome and/or Impact: The survey findings will serve as a basis to implement additional public health action (mass or high risk group vaccination campaign) if needed.

Contact Person, Title, Phone Number:

Anne Golaz, M.D., Epidemiologist, (404) 639-8765

CIO Name: NCIPC

Title of the Program or Program Activity: Black Suicide Attempters: Risk Factors and Sex Differences

Background/History of the Activity: The proposed case-control investigation has two specific aims: (1) to examine those person and environment variables that increase African Americans' risk for suicide attempts; and (2) to compare person and environment risk factors that differentiate between African American women and African American men who attempt suicide. This research is based upon a culturally-informed approach to Social Cognitive Theory. The sample will consist of four groups (n = 50/group) of 18-44 year old African Americans who seek services at a large public hospital that serves a low income, minority population: (1) African American women who attempt suicide; (2) African American men who attempt suicide; (3) African American women with no history of suicidal behavior, and (4) African American men with no history of suicidal behavior. Participants will complete measures of key person (cognitions, skills, emotional processes) and environment (stressors, social environment, physical and economic environment) variables. Odds ratios will be computed and logistic regression analyses will be performed in order to identify those risk factors that differentiate between attempters and nonattempters, as well as between female and male attempters.

Target Population Served: African Americans

Number of People Served/Reached: 200

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998 - \$216,000

Expected or Reported outcome and/or Impact: The information gleaned from this study will aid in the design of culturally-informed prevention efforts.

Agency Contact Person, Title, Phone Number:

Mr. Ted Jones, Project Officer, (770) 488-4824

CIO Name: NCIPC

Title of the Program or Program Activity: Sexual and Intimate Violence Among High-Risk Mexican American Females

Background/History of the Activity: The objective for the proposed study is to develop a scientifically based understanding of sexual and intimate partner violence among young (14-18 year of age) high-risk Mexican American adolescent females. Such information is seen as critical to the development of effective prevention programs that are culturally responsive to the needs of this rapidly growing population. This group of Mexican American females is particularly vulnerable to violent victimization by virtue of environmental, economic, and cultural factors associated with life in low-income urban neighborhoods. More specifically, this study will shed light on the etiology of sexual and intimate partner violence by examining such violence in samples of high-risk, gang affiliated females in comparison with a representative sample of females who are non-gang affiliated and who demonstrate healthy family and academic functioning.

Target Population Served: Mexican American Females

Number of People Served/Reached:

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998 - \$282,000

Expected or Reported outcome and/or Impact: Through multi-method research techniques that include community based, quantitative and qualitative data collection approaches, the investigators

expect to gain a comprehensive and rich understanding of the relationship between multiple risk factors and sexual and intimate partner violence among high risk adolescent females.

Agency Contact Person, Title, Phone Number:

Mr. Ted Jones, Project Officer, (770) 488-1481

CIO Name: Office of Minority and Women's Health, NCID

Title of the Program or Program Activity: Missed opportunities for *Pneumocystis carinii* pneumonia (PCP) prevention in Puerto Ricans with HIV infection.

Background/History of the Activity: To study the characteristics of patients who develop PCP in Puerto Rico, to study patient compliance with prophylaxis, and to document treatment failure.

Target Population Served: Hospitalized patients with confirmed PCP; and other persons with HIV Infection.

Number of People Served/Reached: Patient recruitment ongoing.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$100,600

FY 1998 - \$ 89,000

Expected or Reported outcome and/or Impact: To improve surveillance for drug-resistant *P. carinii*; information on treatment compliance; and on risk factors for PCP infection.

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D., Acting Associate Director for Women's and Minority Health
(404) 639-3459

CIO Name: Office of Minority and Women's Health

Title of the Program or Program Activity: Minority Health Professions Foundation

Background/History of the Activity: A nonprofit, educational, scientific, and charitable organization established in 1983 to provide support for health education, research, and prevention programs, to 12 Historically Black Colleges and Universities (HBCUs).

Target Population Served: Faculty and students at HBCUs.

Number of People Served/Reached:

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$327,777

FY 1998 - \$250,000

Expected or Reported outcome and/or Impact: To promote and support research that contributes to improvement in the health status of minority populations

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D., Acting Associate Director for Women's and Minority Health
(404) 639-3459

CIO Name: Office of Minority and Women's Health

Title of the Program or Program Activity: Sexually transmitted diseases projects.

Background/History of the Activity: Research on surveillance, diagnosis, and control of sexually transmitted diseases and urinary tract infections, with emphasis on adolescents and women.

Target Population Served: Inner-city African-American female adolescents.

Number of People Served/Reached: 500

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1977 - \$ 88,000

FY 1998 - \$215,000

Expected or Reported outcome and/or Impact: Reduction of sexually transmitted diseases in minority adolescents.

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D.

Acting Associate Director for Women's and Minority Health

(404) 639-3459

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: NHANES III: Spirometry Support

Background/History of the Activity: The National Center for Health Statistics (NCHS) conducted a cross-sectional survey (NHANES III) of the health of the U.S. general population from 1988-1994. The sample for this survey was drawn from 81 counties across the U.S., and certain groups were selected in large proportions to provide precise information on their health status. These groups included: children aged 2 months to 5 years, adults 60 years of age and older, African-Americans, and Mexican-Americans. The Division of Respiratory Disease Studies (DRDS) supported the spirometry component of NHANES III which evaluated the lung function of all study subjects 8 years of age and older. DRDS provided all instrumentation, trained all technicians, provided a comprehensive quality control program, and processed all the spirometry data. Following completion of data collection, DRDS used the spirometry data to develop pulmonary function reference values for understudied populations such as minorities and the elderly. This work resulted in race- and gender-specific spirometric reference values for African-Americans, Mexican-Americans, and Caucasians 8 to 80 years of age.

Target Population Served: African-Americans, Mexican-Americans, and the elderly.

Number of People Served/Reached: NHANES III surveyed about 40,000 persons, of which approximately 12,000 were African-American, 12,000 were Mexican-American, and 8,200 were 60 years of age or older.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$4000

FY 1998 - \$4303

Expected or Reported Outcome and/or Impact: The pulmonary function reference values generated from the NHANES III study have been disseminated to the medical/lung health community through the publication of the article "Spirometric reference values from a sample of the general U.S. population," which appeared in the January 1999 issue of *The American Journal of Respiratory and Critical Care Medicine*.

Agency Contact Person, Title, Phone Number:

Kathleen B. Fedan, Statistician

Division of Respiratory Disease Studies, (304) 285-6289

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: Respiratory Health Among Crab Processing Workers in Alaska

Title of the Program or Program Activity: On December 19, 1997, the National Institute for Occupational Safety and Health (NIOSH) received a request for a Health Hazard Evaluation (HHE) at a crab processing facility in Dutch Harbor, Alaska. Reported respiratory health symptoms included colds, pneumonia, bronchitis, and asthma. The goal of the evaluation was to understand the nature of respiratory illness and to identify any occupational exposures associated with crab processing and provide recommendations for preventing respiratory illness. The evaluation consisted of early-season and late-season medical and environmental surveys during the 1998 opilio snow crab season.

Target Population Served: Demographic distribution of the survey: Males 75%, whites 44%, Asian/Pacific Islander 38%, blacks 14%, and American Indians/Eskimo 4%.

Number of People Served/Reached: A total of 211 workers were evaluated (152 crab workers and 59 surimi workers).

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ -0-

FY 1998 - \$175,000

Expected or Reported Outcome and/or Impact: Increase incidence of upper and lower respiratory symptoms in this industry. The Health Hazard Evaluation final report is a work in progress.

Agency Contact Person, Title, Phone Number:

Hector G. Ortega, M.D., Sc.D., Epidemic Intelligence Service (EIS) Officer

(304) 285-5714

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: Children of Farm Workers Injury Health Supplement and Farm Worker Health Supplement to the Department of Labor's (DOL) National Agricultural Workers Survey (NAWS).

Background/History of the Activity: In FY 97, NIOSH received targeted appropriations to address the issue of childhood agricultural injuries. The need for Injury surveillance was identified. Various surveillance options were considered with the purpose of covering as many different children populations as possible. For children of seasonal farm workers, the NAWS was determined to be the best way to collect injury data on this hard to survey population. NIOSH worked with DOL to incorporate questions on farm-related injuries to children of farm workers. NIOSH also included general occupational health questions to be asked of all farm workers in the survey. These two supplements will be conducted during the FY99 round of the NAWS.

Target Population Served: Migrant and seasonal farm workers in the United States, and their children.

Number of People Served/Reached: The survey will consist of personal interviews of approximately 4,000 farm workers across the United States, which will provide injury and health estimates for the approximately 300,000 farm workers who work in the United States, and injury information about their children.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ -0-

FY 1998 - \$650,000

Expected or Reported outcome and/or Impact: These data are expected to provide estimates of the injury burden to children of farm workers associated with the farm environment as part of the NIOSH Childhood Agricultural Injury Prevention Initiative. These data will also provide useful

information on the health of the farm worker population in the United States and the impact of work on the health status of these workers.

Agency Contact Person, Title, Phone Number: John R. Myers, Health Statistician, Division of Safety Research, (304) 285-6005

Tab E

Supporting Educational Institutions

Minority-Specific Activities Supporting Educational Institutions

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Howard University

Title of the Program or Program Activity: HIV/STD Prevention Immunization, TB Project

Purpose of the Program/Activity: Development of Programs Related to HIV/STD Prevention, Immunization and TB Control.

Target Population Served: African Americans and other under served populations.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$289,279

FY 1998 - \$286,528

Expected or Reported Outcome and/or Impact: Increased collaboration with national and regional organizations to prevent HIV, STD, and TB and an increase in immunization coverage for the target groups.

Agency Contact Person, Title, Phone Number:

Ms. Carrie J. Salone

National Center for HIV, STD and TB Prevention

404-639-5244

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Morehouse School of Medicine

Title of the Program or Program Activity: Zidovudine/Rural (AZT)

Purpose of the Program/Activity: The purpose of the project is to study the emergence of resistance to Zidovudine and quasi species in HIV strains from persons in rural Georgia.

Target Population Served: African Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 130,000

FY 1998 - \$ 65,000

Expected or Reported Outcome and/or Impact: Data is expected on the effects of AZT.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Morehouse School of Medicine

Title of the Program or Program Activity: Minority Regional Research Center

Purpose of the Program/Activity: The purpose of this project is to strengthen the infrastructure of the Minority Regional Research Center to develop and direct programs that promote public health research on the health status of minority and underserved populations.

Target Population Served: African Americans and other under served populations

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$152,000

FY 1998 - \$135,000

Expected or Reported Outcome and/or Impact: Increase infrastructure in minority institution to conduct minority-specific research and an increase in the number of African American and other minority researchers.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

Minority-Specific Activities Supporting Educational Institutions

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Morehouse School of Medicine

Title of Program/Activity: Partnership to Prevent Occupational Disease and Injury in People of Color and Low Income Workers

Purpose of the Program/Activity: The purpose of the activity is to support the development of a partnership to prevent occupational disease, injuries and death in people of color and among low income workers.

Target Population Served: People of color and low income workers.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 353,550

FY 1998 - \$ 649,495

Expected or Reported Outcome and/or Impact: Prevention of occupational disease, injuries and death; increased minority employment at CDC.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Morehouse School of Medicine

Title of Program/Activity: ATPM Community-Oriented Teaching Project

Purpose of the Program/Activity: The purpose of the project is to support community oriented teaching of health activities around Atlanta communities adjacent to hazardous waste sites.

Target Population Served: African American communities.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 100,334

FY 1998 - \$ 68,565

Expected or Reported Outcome and/or Impact: Improved public health in Atlanta communities.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Alcorn State

Title of the Program or Program Activity: Childhood Agricultural Safety and Health Research

Purpose of the Program/Activity: The purpose of this activity is to address childhood agricultural safety and health issues.

Target Population Served: African Americans

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$100,000

FY 1998 - \$ -0-

Expected or Reported Outcome and/or Impact: Adoption of activities in the agricultural setting to ensure the safety and health of children.

Agency Contact Person, Title, Phone Number:

Roy Fleming

National Institute for Occupational Safety and Health

404-639-2810

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Jackson State University

Title of the Program or Program Activity: HIV/STD Prevention, Immunization and TB Projects

Purpose of the Program/Activity: Development of programs related to HIV/STD prevention, immunization and TB control.

Target Population Served: African Americans and other under served populations.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 486,846

FY 1998 - \$ 460,294

Expected or Reported Outcome and/or Impact: Increased collaboration with national and regional organizations to prevent HIV, STD, and TB and an increase in immunization coverage for the target groups.

Agency Contact Person, Title, Phone Number:

Ms. Carrie J. Salone

National Center for HIV, STD and TB Prevention

404-639-5244

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Jackson State University

Title of Program/Activity: HIV/STD Prison Project

Purpose of the Program/Activity: The purpose of the project is to conduct HIV and STD intervention research for young men in prison.

Target Population Served: Young men in prison

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$310,283

FY 1998 - \$367,164

Expected or Reported Outcome and/or Impact: HIV/STD prevention.

Agency Contact Person, Title, Phone Number: Bob Kohmescher, NCHSTP, 404-639-8300

CIO Name: Office of the Associate Director for Minority Health
Educational Institution: North Carolina A&T State University
Title of the Program or Program Activity: Agricultural Safety Promotion Systems
Purpose of the Program/Activity: The purpose of the project is to develop model interventions for reducing the incidence of agricultural injuries and fatalities among minority farmers.
Target Population Served: African American and other minority farmers.
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$129,549
FY 1998 - \$129,549
Expected or Reported Outcome and/or Impact: Models interventions designed to reduce agricultural injuries and fatalities.
Agency Contact Person, Title, Phone Number:
David Hard, National Institute for Occupational Safety and Health
304-285-6068

CIO Name: Office of the Associate Director for Minority Health
Educational Institution: Meharry Medical College
Title of Program/Activity: Demonstration of Community Based TB Control
Purpose of the Program/Activity: The purpose of the program is to demonstrate the effectiveness of community-based TB control by training community residents to conduct preventive health education and outreach.
Target Population Served: African Americans and Hispanic/Latinos
Number of People Served/Reached: 600+
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$193,550
FY 1998 - \$ -0-
Expected or Reported Outcome and/or Impact: Community-based TB control interventions
Agency Contact Person, Title, Phone Number:
Ms. Sonsiere Cobb-Souza
Project Officer to the CDC-Minority Health Professions Foundation (MHPF)
Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health
Educational Institution: Morehouse School of Medicine
Purpose of the Program/Activity: Masters Program in Public Health
Target Population Served: African Americans and other underserved minorities
Number of People Served/Reached: This program reached 260+ students during FY 1997 and 1998.
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$ 210,000 FY 1998 - \$ 300,000
Expected or Reported Outcome and/or Impact: Increase in minority health care professionals
Agency Contact Person, Title, Phone Number:
Ms. Sonsiere Cobb-Souza
Project Officer to the CDC-Minority Health Professions Foundation (MHPF)
Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: United Negro College Fund (UNCF)

Title of the Program or Program Activity: Pre-Service HIV/AIDS Education

Purpose of the Program/Activity: The purpose of this program is to develop pre-service education to enable member school faculty to better prepare African American pre-medicine and allied health students to educate parents and clients about preventing HIV/AIDS.

Target Population Served: African American medical and allied health students

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 259,409

FY 1998 - \$ 254,480

Expected or Reported Outcome and/or Impact: Prevention of HIV/AIDS in African American and other minority populations.

Agency Contact Person, Title, Phone Number:

Priscilla Young

National Center for Chronic Disease Prevention and Health Promotion

Division of Adolescent School Health

770-488-4358

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: National Association for Equal Opportunity in Higher Education (NAFEO)

Title of the Program or Program Activity: HIV/AIDS Prevention

Purpose of the Program/Activity: The purpose of the program is to educate and encourage policy and decision makers of post secondary HBCUs to support programs to prevent HIV infections and other serious health problems among students, to develop a national HIV/AIDS prevention and health communication program, and to make health promotion a priority at HBCU institutions.

Target Population Served: African Americans

Dollars Involved for each Activity by Fiscal Year (FY 197 and FY 1998):

FY 1997 - \$306,818

FY 1998 - \$276,463

Expected or Reported Outcome and/or Impact: Prevention of HIV/AIDS and improved public health.

Agency Contact Person, Title, Phone Number:

Priscilla Young

National Center for Chronic Disease Prevention and Health Promotion

Division of Adolescent School Health

770-488-4358

CIO Name: Office of the Associate Director for Minority Health

Education Institution: Morehouse College

Title of the Program or Program Activity: Public Health Science Institute

Purpose of the Program/Activity: The purpose of the program is to increase the knowledge and skills of African American and other minority students in biostatistics, epidemiology and occupational safety and health, and to encourage students to choose graduate careers in public health.

Target Population Served: African American and other minorities

Number of People Served/Reached: PHSI had 25 interns in FY 1997 and 22 in FY 1998. In addition, the program reached thousands of HBCU students through conferences and other outreach efforts.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 384,356

FY 1998 - \$ 465,752

Expected or Reported Outcome and/or Impact: Increase in minority public health professionals.

Agency Contact Person, Title, Phone Number:

Ms. Yvonne Lewis

Project Officer to the CDC Public Health Science Institute (PHSI)

Cooperative Agreement, (404) 639-7220

CIO Name: Office of the Associate Director for Minority Health

Education Institution/Organization: Minority Health Professions Foundation/Morehouse School of Medicine

Title of Program/Activity: Public Health Summer Fellows (PHSF)

Purpose of the Program/Activity: The purpose of this program is to encourage and prepare minority undergraduate and post baccalaureate students to pursue careers in public health at the graduate level.

Target Population Served: African American and other minority students

Number of People Served/Reached: There were 12 Public Health Summer Fellows in FY 1997 and 15 in FY 1998. In addition, the program reaches thousands of HBCU students through conferences and other outreach.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$125,000

FY 1998 - \$235,000

Expected or Reported Outcome and/or Impact: Increase in minority public health professionals.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF) Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Education Institution/Organization: Minority Health Professions Foundation/Morehouse School of Medicine

Title of the Program or Program Activity: NCID Summer Fellows

Purpose of the Program/Activity: The purpose of this program is to expose minority veterinary, graduate level and allied professional students from MHPF member institutions to a broad array of public health activities that are available upon graduation or at the completion of residency requirements.

Target Population Served: African American and other minority graduate professionals.

Number of People Served/Reached: In FY 1997, there were 29 NCID Summer Fellows and 24 in FY 1998.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$162,777

FY 1998 - \$160,000

Expected or Reported Outcome and/or Impact: Increase in medical and allied professionals in public health.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Tuskegee University

Title of the Program or Program Activity: Bioethics Research

Purpose of the Program/Activity: The purpose of this program is to establish a center for bioethics in research and health care at Tuskegee.

Target Population Served: African Americans and other minorities.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 200,000

FY 1998 - \$ 0

Expected or Reported Outcome and/or Impact: Establishment of a bioethics center at Tuskegee University

Agency Contact Person, Title, Phone Number:

Mr. Norm Fikes, National Center for HIV, STD, and TB Prevention

404-639-8013

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Minority Health Professions Foundation

Title of Program/Activity: Substance Specific Applied Research Program

Purpose of the Program/Activity: The purpose of this program is to enhance existing disciplinary capacities to conduct research in environmental health at MHPF member institutions, and to fill identified data needs for priority hazardous substances. Data collected will be used to conduct comprehensive health assessments for individuals living in the vicinity of hazardous waste sites.

Target Population Served: African Americans and underserved populations

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$3,000,000

FY 1998 - \$3,800,000

Expected or Reported Outcome and/or Impact: Increased infrastructure and capacity at minority institutions to conduct research.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Education Institution/Organization: Minority Health Professions Foundation

Title of the Program and Program Activity: Mississippi Delta Project

Purpose of the Program/Activity: The purpose of this project is to reduce and prevent adverse human health effects from environmental toxicants in the region bordering the Mississippi River.

Target Population Served: Minorities and other under served populations.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$357,810

FY 1998 - \$ -0-

Expected or Reported Outcome and/or Impact: Improved public health in the Mississippi Delta region.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Education Institution/Organization: Minority Health Professions Foundation

Title of the Program and Program Activity: Violence Prevention Consortium

Purpose of the Program/Activity: The purpose of the program is to establish an infrastructure among MHPF member institutions to facilitate the advancement of scientific knowledge about the causes of violence, factors that increase and/or decrease the risk of violent victimization and the perpetration of violence in African American, Hispanic/Latino, and other poor and underserved communities.

Target Population Served: African American; Hispanic/Latino, and other poor and underserved populations.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 5,250

FY 1998 - \$150,000

Expected or Reported Outcome and/or Impact: Improved public health through the reduction in violence in African American, Hispanic/Latino and other poor and under served communities.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC-Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

CIO Name: Office of the Associate Director for Minority Health

Educational Institution: Meharry Medical College/Interagency Agreement with Office of Minority Health/PHS

Title of the Program and Program Activity: Research and Demonstration Project: Integrated Health Delivery Systems in a Historically Underserved Community

Purpose of the Program/Activity: Demonstrate the effectiveness of an integrated system of health delivery in a historically underserved community.

Target Population Served: African Americans and other underserved minorities.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$1,000,000

FY 1998 - \$1,200,000

Expected or Reported Outcome and/or Impact: Improved public health in a historically underserved minority community.

Agency Contact Person, Title, Phone Number:

Ms. Wilma G. Johnson

Deputy Associate Director for Minority Health

404-639-7210

Tab F

Workforce and Professional Training

Minority-Specific Activities Supporting Workforce and Health

Professions Development and Training

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Morehouse School of Medicine

Title of the Program and Program Activity: Minority Health Professions Foundation (MHPF)/NIOSH Visiting Scholars in Residence Training Program (VSRP)

Purpose of the Program/Activity: The purpose of this program is to develop programs of assistance to recruit, place and retain aspiring scientists of color in the occupational safety and health professionals in paid research and training assignments at the National Institutes of Occupational Safety and Health. The project will establish an administrative structure at the Morehouse School of Medicine which will collaborate with the MHPF, the Association of Schools of Public Health, and other Historically Black Colleges and Universities.

Target Population Served: Minority research scientists and other health professionals

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$353,550

FY 1998 - \$649,495

Expected or Reported Outcome and/or Impact: Increase the number of minority professionals in occupational safety and health research and careers at NIOSH, provide diversity on NIOSH staff, and help to address problems of critical interest to communities of color in the occupational safety and health field.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC, Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

Minority-Specific Activities Supporting Workforce and Health

Professions Development and Training

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Howard University/Minority Health Professions Foundation

Title of the Program and Program Activity: Environmental Medicine Rotation Program/Mississippi Delta Project

Purpose of the Program/Activity: The purpose of the program is to introduce emergency medicine residents to environmental public health, and develop environmental health education modules for nurses used in the Mississippi Delta region and train the trainer workshops for administrative and curriculum leaders.

Target Population Served: Minority emergency medical residents, nurses administrative and other curriculum leaders.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$135,000 FY 1998 - \$180,000

Expected or Reported Outcome and/or Impact: Increase focus on environmental public health in emergency medicine, and improve medical expertise available to CDC/ATSDR..

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC, Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

Minority-Specific Activities Supporting Workforce and Health

Professions Development and Training

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Morehouse School of Medicine/Minority Health Professions Foundation.

Title of the Program and Program Activity: NCID Summer Research Fellowship Program

Purpose of the Program/Activity: The purpose of this program is to provide research training opportunities in the broad array of public health disciplines and to encourage the pursuit of public health careers.

Target Population Served: Minority and disadvantaged medical, dental, pharmacy, veterinary and graduate students.

Number of People Served/Reached: In FY 1997, the NCID Summer Research Fellowship program served 29 minority students, and 24 in FY 1998.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$162,777

FY 1998 - \$160,000

Expected or Reported Outcome and/or Impact: Increase in number of minority public health professionals.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC, Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

Minority-Specific Activities Supporting Workforce and Health

Professions Development and Training

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Morehouse School of Medicine/Minority Health Professions Foundation

Title of the Program and Program Activity: Public Health Summer Fellows

Purpose of the Program/Activity: The purpose of the program is to encourage and prepare minority undergraduate students to pursue careers in public health at the graduate level.

Target Population Served: African American and other under-represented minority students.

Number of People Served/Reached: In FY 1997, the Public Health Summer Fellows served 12 minority students, and 15 in FY 1998.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$125,000

FY 1998 - \$235,000

Expected or Reported Outcome and/or Impact: Increase in minority public health professionals.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC, Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

Minority-Specific Activities Supporting Workforce and Health

Professions Development and Training

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Morehouse School of Medicine

Title of the Program and Program Activity: Masters Program in Public Health

Purpose of the Program/Activity: The purpose of the program is to establish an MPH degree program at the Morehouse School of Medicine to address the shortage of trained public health personnel.

Target Population Served: African American and other under-represented minorities.

Number of People Served/Reached: In FY 1997 and FY 1998, there were 260+ students served by the program.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$210,000

FY 1998 - \$300,000

Expected or Reported Outcome and/or Impact: Increase in numbers of minority public health professionals.

Agency Contact Person, Title, Phone Number:

Ms. Sonsiere Cobb-Souza

Project Officer to the CDC, Minority Health Professions Foundation (MHPF)

Cooperative Agreement, 404-639-7220

Minority-Specific Activities Supporting Workforce and Health

Professions Development and Training

CIO Name: Office of the Associate Director for Minority Health

Educational Institution/Organization: Morehouse College

Title of the Program and Program Activity: Public Health Science Institute

Purpose of the Program/Activity: The purpose of the program is to increase the knowledge and skills of African American and other minority students in epidemiology, biostatistics, and occupational safety and health.

Target Population Served: African American and other under-represented minority students.

Number of People Served/Reached: In FY 1997, 30 students participated in the PHSI internship program, with 27 students participating in FY 1998. In addition, nearly 400 students are counseled

on careers in public health, while the Public Health Awareness Conference reaches thousands of students from HBCUs.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$384,356

FY 1998 - \$465,752

Expected or Reported Outcome and/or Impact: Increase in number of minority public health professionals.

Agency Contact Person, Title, Phone Number:

Ms. Yvonne Lewis

Project Officer to the CDC, Public Health Science Institute

Cooperative Agreement, 404-639-7220

CIO Name: National Immunization Program

Title of the Program or Program Activity: Cooperative Agreement with the National Medical Association (NMA)

Background/History of the Activity: The NMA was founded to improve the medical care and health of African Americans, other minorities, and the poor, in addition to promoting the professional interests of its membership. The NMA's solid history of addressing health disparities within under represented populations is the basis upon which it continues to promote its National Immunization Outreach Effort's (NIOE) program, entitled "Immunization is more than a shot in the arm... it's a shot at life."

The principal purpose of the NMA's NIOE is to reach urban and minority physicians in an effort to decrease missed opportunities [for immunization] and increase immunization rates among 19-35 month old urban and minority children, as well as program accountable adult populations residing in "pockets of need" areas. Activities include:

- Professional education and training sessions on immunization issues offered to minority physicians.
- Immunization seminars conducted at local NMA society and regional meetings, with an approximate combined attendance of 360 physicians.
- Urban and minority physicians in target areas are provided information and tools to increase their participation in the Vaccines for Children (VFC) Program.
- Mobilization of minority and urban physicians to appropriately immunize their eligible childhood and adult populations

Target Population Served: NMA member and affiliate physicians who administer immunizations to urban and minority children 19-35 months of age. NIOE utilizes member physicians who have practices in pediatrics, family medicine, and community/public health in Detroit, Los Angeles, St. Croix, and Washington, D.C.

Number of People Served/Reached: NMA's program is nationwide.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

\$125,000 has been given to NMA for all of their immunization activities.

Expected or Reported Outcome and/or Impact: NMA plays a significant role in informing and educating the African American and other minority physicians of the importance of immunization.

They create immunization materials for their constituents and distribute the latest immunization information in a timely manner.

Agency Contact Person, Title, Phone Number:

Duane Kilgus, CDC/NIP, Project Officer, (404) 639-8784

CIO Name: National Immunization Program

Title of the Program or Program Activity: Cooperative agreement with the Interamerican College of Physicians and Surgeons

Background/History of the Activity: The ICPS is currently targeting physicians that work with Hispanic populations with a continuing education program that is offered at hours and locations convenient to the physician. The grantee has even sent out trainers to conduct the training in the physicians office.

The ICPS has targeted the Hispanic population in New York City with messages promoting immunization on Spanish language radio stations, magazines, and educational brochures.

The ICPS writes and publishes articles regarding immunization in two Hispanic publications, *Medico de Familia* and *MEDICO Interamericano*. These two magazines have a distribution of more than 35,000.

Target Population Served: The primary target population includes Hispanic physicians in the New York City area. Distribution of the journals is nation wide and reaches more than 35,000 individuals.

Number of People Served/Reached: Specific numbers of people reached by radio shows, and training programs has not been tallied from year to year.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

\$125,000 is awarded each year for all of their activities

Expected or Reported Outcome and/or Impact: The ICPS has a direct impact on the local community through the training of Hispanic physicians and patients. This education has increased general knowledge of the importance of immunizations and assisted in reducing missed opportunities within New York City clinics. The journal articles assist in raising the awareness of providers on issues surrounding immunization nation wide.

Agency Contact Person, Title, Phone Number:

Duane Kilgus, CDC/NIP, Project Officer, (404) 639-8784

CIO Name: Public Health Practice Program Office (PHPPO)

Title of the Program or Program Activity: ATPM Cooperative Agreement-Minority Professorship

Background/History of the Activity: New project under development.

ATPM will coordinate a Visiting Minority Professors Program to encourage medical school departments or divisions of Preventive Medicine to invite prominent minority representatives of the preventive medicine field to lecture and meet with students and faculty for three-to-five days.

Target Population Served: Faculty/students (minority) of medical schools or divisions of Preventive Medicine.

Number of People Served/Reached: Data not available (new project)

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ -0-

FY 1998 - \$23,317

Expected or Reported Outcome and/or Impact: The expected outcome is to encourage prominent minority medical students in preventive medicine careers. ATPM will coordinate, monitor and evaluate 6 visits (1998-1999).

Agency Contact Person, Title, Phone Number:

Bruce Granoff

Supervisory Resource Analysis Specialist

770-488-2538

CIO Name: Public Health Practice Program Office (PHPPO)

Title of the Program or Program Activity: ASPH/ATPM Fellowship Program

Background/History of the Activity: The ASPH/ATPM Fellowship Program allows any full or part-time student/resident who is enrolled in a master's or doctoral level degree program in an ATPM member institution, including schools of medicine and graduate programs in public health and preventive medicine, and individual members to demonstrate the use of guides such as Model Standards: A Guide for Community Preventive Health Services and Healthy People 2000 and offers a wide variety of field experiences in the practice of preventive medicine and public health.

Target Population Served: Students/residents who is enrolled in a master's or doctoral level degree program in an ATPM member institution.

Number of People Served/Reached: Data not available.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$120,000 FY 1998 - \$120,000

Expected or Reported Outcome and/or Impact: Students will be provided the opportunity to gain real life public health experience in order to enhance the theoretical knowledge base obtained through course work and will receive a wide variety of field experiences in the practice of preventive medicine and public.

Agency Contact Person, Title, Phone Number:

Bruce Granoff

Supervisory Resource Analysis Specialist

770-488-2538

CIO Name: Public Health Practice Program Office (PHPPO)

Title of the Program or Program Activity: Minority Health Professions Foundation (MHPF) Intern

Background/History of the Activity: The MHPF is managed through Cooperative Agreement with the CDC, Office of Minority Health. The MHPF provides support for student internships and fellowships, applied research, health promotion and disease prevention interventions and new strategies, and community service through collaborative efforts with twelve medical, dental, pharmacy, and veterinary schools in historically African-American colleges and universities. PHPPO has funded one Intern for each FY.

Target Population Served: Twelve medical, dental, pharmacy, and veterinary schools in historically African-American colleges and universities.

Number of People Served/Reached: PHPPO has provided funding for one intern for each fiscal year (Total - 2).

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$10,000

FY 1998 - \$10,000

Expected or Reported Outcome and/or Impact: To enhance students ability to apply theory to practical experience and to develop sustained interest in obtaining careers in Public Health.

Agency Contact Person, Title, Phone Number:

Mary D. Brewington, Public Health Analyst

770-488-2493

CIO Name: Public Health Practice Program Office (PHPPO)

Title of the Program or Program Activity: Regional Research Center for Minority Health (RRCMH), Morehouse School of Medicine (MSM)

Background/History of the Activity: The RRCMH provides an opportunity for CDC/ATSDR to strengthen the capacity of students and researchers from an HBCU to develop and direct programs that promote public health research on the health status of minority and under served populations.

Target Population Served: African-Americans

Number of People Served/Reached: Data not available.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$100,000

FY 1998 - \$100,000

Expected or Reported Outcome and/or Impact: To increase the numbers of minority health reachers, and to increase the technical expertise of researchers to access and analyze currently available health data, especially data available from the National Center for Health Statistics.

Agency Contact Person, Title, Phone Number:

Mary D. Brewington, Public Health Analyst

770-488-2493

CIO Name: Public Health Practice Program Office (PHPPO)

Title of the Program or Program Activity: ASPH/ATPM INTERN PROGRAM

Background/History of the Activity: The ASPH/ATPM Internship Program provides any full or part-time student who is enrolled in a master's or doctoral level degree program at an ASPH member school of public health the opportunity to gain real life public health experience in order to enhance the theoretical knowledge base obtained through course work.

Target Population Served: Master's/doctoral level students of Public Health

Number of People Served/Reached: Data not available.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$45,000

FY 1998 - \$45,000

Expected or Reported Outcome and/or Impact: Provide the opportunity for students to gain real life public health experience in order to enhance the theoretical knowledge base obtained through course work.

Agency Contact Person, Title, Phone Number:

Ruth B. Harris, Program Analyst

770-488-2522

CIO Name: Office of Minority and Women's Health

Title of the Program or Program Activity: Tribal Colleges and Universities Fellowship

Background/History of the Activity: Training in infectious diseases and epidemiology to American Indian faculty and students.

Target Population Served: Navajo Nation

Number of People Served/Reached: 2000

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1998 - \$35,000

Expected or Reported Outcome and/or Impact: To increase the number of American Indian and Alaskan Native health professionals

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D.

Acting Associate Director for Women's and Minority Health

(404) 639-3459

CIO Name: Office of Minority and Women's Health

Title of the Program or Program Activity: Project IMHOTEP and Public Health Fellowship

Background/History of the Activity: Summer program in biostatistics and epidemiology

Target Population Served: Minority undergraduate juniors and seniors

Number of People Served/Reached: 35 participants/year

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$20,000

FY 1998 - \$10,000

Expected or Reported Outcome and/or Impact: Increase in the number of minority public health professionals with expertise in epidemiology.

Agency Contact Person, Title, Phone Number:

Carolyn Black, Ph.D.

Acting Associate Director for Women's and Minority Health

(494) 639-3459

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: A Young Worker Community-Based Health Education Project

Background/History of the Activity: Every year, about 200,000 workers under the age of 18 are injured at work. Of those, approximately 64,000 require emergency room treatment, and about 70 of those workers die. Although young workers are prohibited from performing the most dangerous jobs (e.g., mining and roofing), injury rates are still high. Research has shown that teens and their parents, teachers, and employers feel that teens are not aware of the risks they face in the workplace. As a result, during FY 1995-97, NIOSH conducted three pilot community-based projects to study techniques for raising young worker issues on community agendas. This program builds on the experience of those pilots. Our cooperative agreement partner, the University of California at Los Angeles, has extensive experience working with and understanding urban minority populations. Through this project, we are learning how to tailor our health messages and skill-building activities to the needs of diverse populations.

Target Population Served: African-Americans, Hispanics, and Koreans

Number of People Served/Reached: 2,000 people per year (1 year with each ethnic group for 3 years, beginning in FY 1998)

Dollars Involved for each Activity by Fiscal Year (FY 1997 and 1998):

FY 1997 - \$ -0-

FY 1998 - \$100,000

Expected or Reported Outcome and/or Impact: This project is operating in ethnic communities in Los Angeles, California. We expect the following outcomes as a result of this project: (1) increased awareness of young worker health issues in the communities, especially among students, parents, teachers, and employers; (2) increased ability for students to recognize workplace hazards and take protective action; (3) increased recognition among parents of the risks faced by teens who work; (4) increased activity among employers in providing adequate workplace protection for teens; and (5) increased awareness of occupational health issues among recent immigrants who may be especially vulnerable due to their lack of knowledge of worker protections available to them in the United States.

Agency Contact Person, Title, Phone Number:

Raymond C. Sinclair, Ph.D., Health Communications Researcher
Education and Information Division, (513) 533-8172

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: Project IMHOTEP Summer Internship Program

Background/History of the Activity: Project IMHOTEP, a summer internship program, is designed to prepare minority undergraduate students for entry into graduate schools of public health with special emphasis on the quantitative areas of biostatistics, epidemiology, and occupational safety and health. This program was started at CDC/ATSDR in the early 1980's with NIOSH adding an occupational safety and health component in 1994. Applicants for the program are recruited from Historically Black Colleges and Universities (HBCUs) across the United States. Selection of interns is competitive. Project IMHOTEP seeks to increase the quantity of students interested in biostatistics, epidemiology, and occupational safety and health; increase the knowledge and skills in these fields; and ultimately increase the ranks of minority health professionals and candidates for graduate programs in public health and professional training programs such as the Epidemiologic Intelligence Service. Interns receive 11 weeks of intensive research and data analysis with experts at CDC. Students receive intense classroom training in epidemiology, biostatistics, and occupational safety and health related to public health concerns of CDC/NIOSH. The training also includes lectures provided by CDC/NIOSH and PHSI personnel, home study courses, computer-based training and "hands on" field experiences. Students gain work experience in the processing, analysis, and presentation of data through the study of existing data sets from various divisions and institutes of CDC. At the close of the program, students present to colleagues and faculty an oral summary of their research as well as submit a written report suitable for publication.

Target Population Served: African-American, Hispanics, and Native Americans undergraduate students primarily from Historical Black Colleges and Universities.

Number of People Served/Reached: FY 1997: 15 interns; FY 1998: 12 interns

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ -0-

FY 1998 - \$102,864

Expected or Reported Outcome and/or Impact: To increase the number of African-Americans, Hispanics, and Native Americans in the area of occupational safety and health.

Agency Contact Person, Title, Phone Number: Gwendolyn H. Cattledge, M.S.E.H, Ph.D.
Epidemiologist/Minority Health Liaison for African Americans, 404/639-2378

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: Partnership to Prevent Occupational Disease, Injury, and Death in people of Color and Low Income Workers

Background/History of the Activity: This cooperative agreement is in the fifth and final year. The purpose is to identify and recruit minority scientists for fellowships and employment opportunities; to continue to develop supportive mechanisms, e.g., databases, professional networks, etc, and to continue to expand health promotion activities focused on small business communities. Minority populations continue to be under represented in the professional workplace. This cooperative agreement focuses particular attention on the shortage of minority research scholars and scientists in the field of occupational safety and health. Recently, emphasis has been placed on recruiting Native American and Hispanic American researchers and scientists. A total of sixteen fellows have participated in the Visiting Scholars in Residence Training Program. We expect this project to increase our recruitment and retention efforts of minority health scientists, increase NIOSH's network of minority health consultants, as well as increase occupational safety and health awareness within small business settings.

Target Population Served: The target population is minority occupational safety and health professionals, including those in the government, academic, and private sectors.

Number of People Served/Reached: Not determined

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$400,000

FY 1998 - \$400,000

Expected or Reported Outcome and/or Impact: The expected outcomes are the development of a research fellowship recruitment plan that provides a systematic method to generate a sustained and continuous referral method of reaching postdoctoral biomedical and engineering scientists, physician researchers and other graduate trained minority scholars and scientists. Also expected is the continued involvement in health promotion activities focused on small business communities.

Agency Contact Person, Title, Phone Number:

Christine Kasting, MPH, Health Scientist
(404) 639-1532

CIO Name: National Institute for Occupational Safety and Health

Title of the Program or Program Activity: NIOSH provided support for Migrant Stream Forums in FY 1997 and FY 1998. In FY 1998, NIOSH funding resulted in a new occupational safety and health research track for the three Migrant Health Stream Forums (The East Coast, Mid-Western and West Coast Migrant Streams) coordinated annually by the National Center for Farmworker Health.

Background/History of the Activity: The purpose of the migrant stream forums is to assist migrant farmworkers, which are represented overwhelmingly by Hispanics, to establish the new research track that will bring academic researchers together with advocacy organizations and providers of health care to mesh the professional cultures and generate collaborative research projects.

Target Population Served: Migrant, mostly Hispanic, and other racial and ethnic minority farmworkers.

Number of People Served/Reached: 500,000

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$ 6,000

FY 1998 - \$40,000

Expected or Reported Outcome and/or Impact: Because of the unique nature of migrant workers' working and living conditions, in agricultural production, these forums give an opportunity for research collaboration between researchers, activists and farmworkers.

Agency Contact Person, Title, Phone Number:

Steve Olenchock, Ph.D.

Agriculture Coordinator, (304) 285-6271

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: National Breast and Cervical Cancer-Replication and Dissemination

Background/History of the Activity: The Association of Asian Pacific Community Health Organizations (AAPCHO) was funded through a cooperative agreement in FY 97 under PA 761 for the replication and dissemination of effective breast and cervical cancer health education interventions. The program is intended to improve the knowledge and capacities for early detection of breast and cervical cancer in AAPI communities and the providers who serve them. A culturally sensitive and community adaptable replication package for the AAPI priority population and the providers service them will be developed, pilot tested, and replicated in order to promote breast and cervical cancer early detection practices and services in AAPI communities in four to five states.

Target Population Served: Asian Americans and Pacific Islanders

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997: AAPCHO - \$362,776

FY 1998: AAPCHO - \$362,766

Expected or Reported Outcome and/or Impact: CDC will demonstrate evidence of AAPI women being screened and rescreened through community surveys.

Diabetes Control

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Title of the Program or Program Activity: Diabetes Today

Background/History of the Activity: CDC established two *Diabetes Today* Regional Training Centers—one to serve the Continental U.S., Alaska, Puerto Rico, and the Virgin Islands and another to serve the diverse Asian/Pacific Islander communities located the Pacific Basin. The *Diabetes Today* Regional Training Centers will provide health professionals and community leaders with the skills needed to mobilize communities and to develop culturally and linguistically appropriate interventions to promote improved diabetes control. The contractor, Papa Ola Lokahi (the Native Hawaiian Board of Health), is based in Hawaii and will have a satellite office in Micronesia.

Target Population Served: Asian Americans and Pacific Islanders

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1998 - Papa Ola Lokahi Diabetes Today Training Center \$500,000
Expected or Reported Outcome and/or Impact: CDC expects trained health professionals to help local communities develop a plan and implement interventions for diabetes control that is tailored to the perceptions, beliefs, realities, and resources of the involved community.

Adolescent and School Health

CIO Name: National Center for Chronic Disease Prevention and Health Promotion
Title of the Program or Program Activity: National Coalition of Advocates for Students
Background/History of the Activity: NCCDPHP provides funding to the National Coalition of Advocates for Students to develop training materials and methods to target Latina adolescents between the age of 10 and 24. The goal is for adolescent Latinas and mothers of pre-adolescent Latinas in the migrant worker population to increase their knowledge of HIV/AIDS prevention methods.
Target Population Served: Latina adolescents and mothers of pre-adolescent Latinas
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$201,655
FY 1998 - \$183,522
Expected or Reported Outcome and/or Impact: To build capacity among farmworker organizations to deliver HIV prevention education to female farmworking young people.

Tab G

Access to Health Care

CIO Name: National Center for Chronic Disease Prevention and Health Promotion
Title of the Program or Program Activity: Meharry Demonstration Project
Background/History of the Activity: NCCDPHP awarded funds to the Minority Health Foundation-Meharry Demonstration Project as part of the CDC's \$1 million cooperative agreement to establish economically viable, high quality primary care for the medically indigent.
Target Population Served: African Americans
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$275,000
FY 1998 - \$330,000

CIO Name: National Center for Chronic Disease Prevention and Health Promotion
Title of the Program or Program Activity: Baylor College of Medicine, Center for Cancer Control Research
Background/History of the Activity: Baylor College of Medicine's Center for Cancer Control Research builds upon its existing relationship with the Intercultural Cancer Council and the Biennial Program Series on Minorities to provide state and local health agencies with additional opportunities to interface with minority and underserved populations.
Target Population Served: Hispanic Americans
Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998):
FY 1997 - \$228,728
FY 1998 - \$283,253

ATTACHMENT 3

Food and Drug Administration

FOOD AND DRUG ADMINISTRATION
1999 Report to Congress
Minority Activities

Health Information and Health Promotion

FDA formed partnerships with national and community-based organizations to establish Internet and community outreach channels for distribution of consumer information and materials on the safe use medications, breast cancer, mammography, food labeling, food safety, and tobacco. FDA benefitted from advice on culturally and appropriate materials for diverse groups and the extended outreach channels.

- FDA regional and district staff participated in many health fairs in FY 1998 to inform Hispanic communities about health issues. Public Affairs Specialists distributed various FDA publications in Spanish and English. These included the Concilio of Hispanic Speaking Organization, Inc., Heath Fair in Philadelphia, the Latino Health Fair in Minneapolis, the Community Health Fiesta in San Francisco sponsored by Solano Coalition for Better Health and the Federation of Latin American Descendants, Inc., and the Annual Family Discovery Fair that provided legal, health, and job information to primarily Hispanic families in San Mateo County, California.
- Office of Women's Health (OWH) and Office of Regulatory Affairs launched a bilingual education campaign, "Take Time to Care" (TTTC) to help women take better care of their health. The program is designed to reach under-served women more than 45 years in age. OWH worked with a broad network of partners to shape TTTC, including government agencies and elected officials, national health and consumer organizations, women's groups, health care providers and health institutions. TTTC was conducted in Connecticut, Illinois, Texas, Minnesota, Maryland, Missouri, Arizona, San Francisco, Louisiana, and Georgia. In addition, the Texas rural empowerment zone covered the counties of Cameron, Hildago, Starr and Willacy. Community-based organizations distributed more than 100,000 brochures and information sheets. A Hispanic 8A firm provided translation services.
- OWH reached more than 500,000 people in Washington, D.C. area, with an emphasis on reaching African-American women, with the message that early detection of breast cancer saves lives. OWH co-sponsored the events with the Howard University Cancer Center. Participants heard the message from the pulpit in 20 African-American churches on "Pink Ribbon Sunday," October 19, on five radio programs, in articles in The Afro- American newspaper and The Washington Times and on the NBC Morning News. The highlight of the program was the showing of the play "Before Time Runs Out," breast health play, which was followed by a panel discussion. The play and panel were held at Howard University's Blackburn Center. Approximately 375 people attended. The panel included an OB/GYN, a radiologist, an oncologist, a minister, a cancer survivor, and a family member of a survivor. The evening was moderated by BET News anchor Cheryl Martin.

- OWH sponsored two events in collaboration with Howard University's Cancer Center to target African American women in the Washington, DC metropolitan area. OWH contracted with Howard University to video tape both events and to use their auditorium.
- Office of Women's Health (OWH) contracted with Howard University Television (WHUT) station to produce footage from the 1997 breast cancer awareness events into a 10-12 minute video tape to encourage African American women to have a mammogram and to suggest ways in which churches and other community groups can actively encourage women to get screened.
- The HBCUs served as community-based agents to help women take better care of their health and to use medications wisely. OWH initiated a women's health education campaign, "Take Time to Care" through partnership agreements with three HBCUs—Spelman College, Xavier, and Florida A&M.
- Center for Food Safety and Applied Nutrition included Hispanics in the President's Food Safety Initiative. Food borne illness statistics and emerging pathogens are a growing concern. Different populations have dietary practices that may place them at increased risk for food borne illnesses. An important objective would be to decrease risk of food borne illnesses among Hispanics by promoting healthier food handling practices and consumption choices. Several exhibits were showcased to communities and conferences -- 50th Anniversary American GI Forum and at the LULAC conference. Special emphasis was placed on marketing this initiative through the Hispanic political network, governmental associates, marketing companies, college and university students, and embassies. The Food Safety Initiative developed a Spanish-language "Guide to Minimize Microbial Food Safety Hazards for Fresh Fruits and Vegetables." The Guide were presented to several audiences in the domestic and international Spanish speaking community for discussion and adoption. Several public access forums on the Guide was held in areas that are heavily populated by Hispanics.
- Center for Food Safety and Applied Nutrition and Office of Regulatory Affairs responded to over 50,000 calls in the year on the toll-free Food Information Line, addressing a variety of food-related issues. Issues included seafood, food safety, nutrition, food labeling, dietary supplements, and women's food issues. Public Affairs Specialists also respond to over 500 electronic mail inquiries a month. In addition to responded to calls and e-mails, CFSAN publicized the toll-free number in multi cultural communities, nationwide.
- Office of Special Health Issues (OSHI) in partnership with the Centers for Disease Control and Prevention, the National Institute of Allergy and Infectious Diseases, and the National Library of Medicine, sponsored the AIDS Clinical Trials Information Service (ACTIS). ACTIS is a bi-lingual toll-free telephone service and central resource that provides up-to-date information on HIV/AIDS. ACTIS has produced a video on clinical trials on options prior to entering a trial.
- OSHI published articles in the June 1998 issue of IMPACTO, a Hispanic newspaper, to inform the Hispanic community about services and treatments available for persons living

with HIV and AIDS. One article provided in-depth information about the toll-free telephone services available through ACTIS and how to obtain customized information. The other article provided information about protease inhibitors and the latest medications approved by FDA for the treatment of HIV. OSHI apprised the Hispanic community about cancer and Alzheimer's disease through periodic mailings. OSHI also responded to inquiries from patients, family members, and advocates dealing with life-threatening diseases concerning FDA drug approval process and clinical trials.

- Office of Women's Health (OWH) continued the multi-city education campaign, "Take Time to Care (TTTC)." FDA initiated partnership agreements with three HBCUs—Spelman College, Xavier, and Florida A&M. The purpose of these agreements to collaborate with these HBCUs to help women take better care of their health. The campaign is designed to reach women over 45 - particularly those who are underserved. OWH worked with a broad network of partners to shape TTTC, including government agencies and elected officials, national health and consumer organizations, women's groups, health care providers and health institutions. The campaign emphasizes the message Use Medicines Wisely by encouraging women to: Read the Label, Avoid Problems, such as side effects, Ask Questions of your doctor, pharmacists or nurse, and Keep a Record of the medicines. Clarke University voluntarily used its public broadcast station to talk about TTTC activities in their city. (Spelman College's Department of Community Services, Meharry Medical College Center on Aging, Xavier University of Louisiana's College of Pharmacy)

- OWH and the Agency for Health Care Policy Research (AHCPR) developed, translated and focus tested a mammography brochure into Chinese, Korean, Laotian, Vietnamese, and Tagalog. FDA coordinated translations of the brochure into Cambodian, Samoan, and Thai through intramural funding from FDA's Office of Women's Health. The brochure was designed to explain what occurs during a mammogram and to assist the women in preparing for this exam. Questions to ask the technician and action to take to follow up after receiving results were included in the brochure. A clinician's recommendation packet was developed and translated into seven languages other than English by FDA. The packet provided a mechanism for clinicians to personally recommend that women make and keep their appointments for Mammograms and breast/pap smear/pelvic exams. The brochure was distributed at Asian Pacific Health Fairs and Clinics in Southern California by the California Breast and Cervical Cancer Program partners and National Asian Women's Health Organization, American Medical Women's Association, and in Southeast Asian Communities in Dallas, Houston, Portland, Missouri, Chicago, and an army post in Korea.

- OWH and Office of Regulatory Affairs continued distribution of the brochure Things to Know About Getting A Pap Smear. The purpose of the project was to develop and translate a brochure in Chinese, Korean, Vietnamese, Thai, Samoan, Cambodian, Laotian and English. The brochure emphasized the importance of getting a pap smear, and explained how to interact with clinicians and to follow up after obtaining results. This brochure discussed how to prepare for the pap test procedure, including practical concerns such as how to dress appropriately and make appointments. The clinician recommendation packet (described in the Breast Cancer-mammography project) is used in conjunction with this brochure. The State Breast and Cervical Cancer Prevention Project uses FDA's materials for their Asian

Pacific partners. The materials are used by the organizations listed in the mammography project mentioned earlier, plus others including Medical Centers in Minneapolis, Chicago, Oregon, and New York, and Southern California sites including Southeast Asian Health Clinic, Asian Health Care Venture, and T.H.E. Clinic. Two medical residents from Glendale Medical Center worked with FDA to assist in outreach and education to the Chinese community.

- Center for Food Safety and Applied Nutrition, Office of Regulatory Affairs, and Office of Public Affairs did an extensive outreach on food labeling to Asian and Pacific Islanders (APIs). The project was designed to make nutritional labeling education available to APIs who were linguistically isolated or had limited English proficiency. Three booklets for each language were produced. Read the Label (based on low literacy booklet), Nutrients on the Food Label and Links to Health based on the FDA-American Heart Association (AHA) brochure How to Read the New Food Label. Languages were Chinese, Korean, Vietnamese, Thai, Laotian, and Cambodian. Graphics showing typical Asian foods were included. An educational packet was produced for health educators. The materials are also being used by the Anemia Task Force in Orange County, California.
- Office of Women's Health, Center for Food Safety and Applied Nutrition, and Office of Regulatory Affairs developed a web site containing the translated breast and cervical cancer screening, food labeling and food safety materials, a public service announcement and Fight BAC Campaign (food safety) brochures in Chinese, Japanese, Hindi, Vietnamese, Tagalog, Korean. FDA appeared on a talk show on Channel 18 (multi-lingual), held a press conference in the Korean community, and conducted focus groups and workshops.
- Office of Women's Health and Office of Regulatory Affairs translated materials on cervical and breast cancer screening have been more widely distributed to API communities via this website coordinated by APANet. The APANet coalition includes more than 30 partners. The partnership goals are to provide training, linkages, consumer education and information access for Asian Pacific Islanders, especially low income, disadvantaged immigrant youth and adults. This broad-based APANet coalition has developed and promoted the use of electronic technology for their API clients, and provided training on how to use this technology on site and via community computer learning centers. The website has enabled community agencies and clinicians to communicate with FDA's Los Angeles District Office, and to download any of the materials needed. The response has been very positive, and the coordinator has been able to assist API clients with referrals and information.
- Center for Food Safety and Applied Nutrition and Office of Regulatory Affairs involved minority communities in the President's Food Safety Initiative, "Fight BAC." Food borne illness statistics and emerging pathogens are a growing concern. Different populations have dietary practices that may place them at increased risk for food borne illnesses. An important objective would be to decrease risk of food borne illnesses among APIs by promoting healthier food handling practices and consumption choices.
- Office Regulatory Affairs appeared on KSCI Channel 18 "LA Seoul" talk show and also contributed related food safety materials for follow up activities for the station. Worked with

ethnic press on various issues. Contributed to Vietnamese radio talk show “New Saigon.” Will continue to work to develop appropriate Fight BAC messages and medication safety messages for a Filipino talk show.

- Office of Women’s Health and Office of Regulatory Affairs produced and translated a brochure on Safe Use of Medications in Cambodian, Vietnamese, and Chinese. The purpose of this project was to promote medication safety to the AAPI communities by encouraging the basics of reading labels, understanding and following instructions, talking to a doctor and pharmacist, and accurately and completely describing medication history.
- FDA published a final rule for regulating tobacco that became effective in August 1997. Since then the FDA has worked to increase compliance with tobacco regulations and to ensure that those industries directly affected by it understand why the government chose this action and what their responsibilities are under the rule. Office of Consumer Affairs developed and coordinated strategies to include minorities in the tobacco initiative. FDA worked with major organizations representing retailers to hold regional conferences, and used print and electronic media and public health journals to encourage public service announcements and articles. The Agency developed and distributed materials to inform retailers of their responsibilities. Materials to explain the tobacco regulations are available in print and on the Internet in Chinese, Korean, and Vietnamese. Established and maintained a toll-free tobacco hotline. Tobacco materials were distributed at major exhibitions at major conferences and meetings with community organizations, parent groups, voluntary health groups, and others settings to increase awareness of the tobacco rule and to encourage compliance. Over 40,000 people were reached by these means.
- Office of Consumer Affairs conducted extensive outreach to educate and inform Hispanics about FDA’s tobacco rule. OCA formed partnerships with more than 15 Hispanic organizations to insure that the Latino community was informed of the new rule. OCA extended outreach networks to include traditional organizations that supports children’s health and education, such as the National Parent Teachers Association and the National Education Association. OCA used multiple organizations to distribute pamphlets, brochures, newsletters and newspapers. OCA collaborated with several Hispanic organizations such as the National Coalition of Hispanic Health and Human Services Organizations, the Latino Council on Alcohol and Tobacco and IMPACTO Newspapers to publish advertisements and articles. OCA also led the initiative to provide consumer and retailer tobacco materials in Spanish. It conducted mass mailings of posters and other translated materials to over fifteen thousand retailers and consumers. These materials are also available on the FDA’s Children and Tobacco website.
- Office of Consumer Affairs exhibited at more than 20 national conferences and made plenary presentations at four conferences—National Coalition of Hispanic Health and Human Services Organizations, National Association of Hispanic Nurses, LULAC and La Raza. The majority of these national organizations are actively involved in various types of community-based tobacco prevention and cessation programs. The increase in requests for tobacco education materials has correlated with FDA’s participation in these conferences.

- Office of Regulatory Affairs collaborated with the Perinatal Task Force and the Long Beach Memorial Medical Center in Long Beach California to produce tailored educational projects. The group is working to produce a multi-cultural educational perinatal calendar that will appeal to Asian and Pacific Islanders. The calendar will incorporate messages including nutrition, food and medication safety.
- Office of Regulatory Affairs exhibited and provided an array of consumer education materials and answered questions at Tofu and Lotus Festivals, health fairs to approximately 120,900 Asian and Pacific Islanders.
- Office of Regulatory Affairs serves on the UCLA Advisory Board for Gerontological Nurses to develop a curriculum for looking at safety in medical products for complementary medicine. Curriculum will be developed in FY 19 99.

Research

- Office of Women's Health (OWH) is dedicated to the stimulation and support of original research and outreach programs that show promise for contributing to an understanding of women's health. Intramural projects include a wide range of research and outreach projects: Women in Clinical Trials, Gender Differences, Coronary Heart Disease, Pregnancy, Sexually Transmitted Diseases, Mammography Quality Standards Act, Breast Implants, Autoimmune Diseases, Osteoporosis, Foods and Cosmetics.
- FDA awarded a research grant to the University of Texas, Health Science Center. Research will be conducted on the Treatment of Rib Anomalies by Titanium Ribs.

Supporting Educational Institutions

FDA lead the collaboration of Departmental Operating and Staff Divisions to convene the Conference and Exposition for Tribal Colleges and Universities, in Phoenix, AZ, January 6-9, 1999. The conference outcomes are a policy framework and a recommended framework for a five-year action plan for long-term access and involvement of Tribal Colleges and Universities, American Indians, and Alaska Natives in Departmental programs and activities. The conference serves as a vehicle to identify methodologies to plan to enhance and maintain appropriate levels of customer services and satisfaction for American Indian and Alaska Native populations. The Expo will provide education, information, technical assistance and surplus property in workshops, exhibits, and round table discussions. The Conference and Expo logistics are provided by the American Indian Higher Education Consortium. FDA provided other institutional support.

- Center for Biologics Evaluation and Research (CBER) provided in-kind lab and training resources for four students and one graduate student. These students participated in the CBER Student Intern Program. (Howard University, University of the District of Columbia)
- Center for Biologics Evaluation and Research (CBER) loaned a chromatographic instrument (HPLC) to Howard University. Research scientists at CBER and Howard University continue to collaborate on research projects.

- National Center for Toxicological Research (NCTR) Director of Environmental Health and Program Assurance taught a Radiation Biology course at NCTR for college credit through the University of Arkansas at Pine Bluff. NCTR research and administrative staff were participants in a research symposium for the Ronald McNair Scholars Program at the University of Arkansas at Pine Bluff. The NCTR Director of Technology and Advancement spoke to the Regulatory Science Class at the University. NCTR staff gave class lectures at “Career Planning” for the Youth Motivation Task Force Program at the University. Four NCTR research scientists hosted a Tuskegee Institute professor and provided training in teratological procedures, rodent embryo culture techniques, and other methods.
- National Center for Toxicological Research (NCTR) hosted a Science Internship Program and trained five students from the University of Arkansas at Pine Bluff. NCTR participated in the annual Career Day at the University. NCTR staff provided information on federal employment benefits. Two students participated in the Summer Student Research Participation Program.
- National Center for Toxicological Research (NCTR) provided a Summer Student Research Program internship to one Xavier University student.
- National Center for Toxicological Research (NCTR) provided a Science Internship Program internship to one Philander Smith College student.
- National Center for Toxicological Research (NCTR) participated on the Advisory Council for the Statewide Systemic Initiative at the University of Arkansas at Pine Bluff. Advisory Council duties included briefing representatives from the Department of Education for Missouri on the partnership between NCTR and the University.
- National Center for Toxicological Research (NCTR) provided an Summer Student Research Program internship to one Tuskegee Institute student.
- Center for Drug Evaluation and Research (CDER) participated in a year-long internship and preceptorship program with colleges and universities. Under the Voluntary Pharmacy Student Preceptorship Program (VPSSP), the Office of Drug Evaluation I, Division of Drug Marketing, Advertising and Communications and the Office of Training and Communications, Division of Communications Management trained 9 Pharmacy students from Howard and Maryland Universities. Students were trained for six weeks each.
- FDA’s primary opportunity to increase its staff resulted from the requirements of the Food Safety Initiative (FSI). FDA hired approximately 103 new permanent, full-time staff as microbiologists, chemists, and consumer safety officers. FDA Office of Regulatory Affairs engaged in an aggressive recruitment campaign. It widely distributed vacancy announcements nationwide, utilized a national network of Hispanic Employment Representatives to recruit at the regional and local levels, and used a bilingual quality ranking factor for several delegated examining unit certificates. As a result of these efforts, 13 or 13% of the FSI hires were Hispanics.

- FDA continued its participation to increase the number of interns from the Hispanic Association of Colleges and Universities (HACU). In FY 1998 it hired three HACU interns. In addition, FDA staff attended a special National Forum on Hispanic Higher Education convened by HACU in San Antonio. This forum brought together a broad group of government officials and academia to dialogue about strategies that can enhance the capacities of HACU and its member institutions to meet the higher education needs of Hispanics. FDA staff also attended HACU's annual conference. These activities were undertaken in preparation for redrafting a Memorandum of Agreement between FDA and HACU.
- FDA, through a conference grant, continued to support Inter American College of Physicians and Surgeons's Youth Initiative. FDA hosted 150 students and provided workshops relating to career opportunities, tobacco, food safety, and HIV/AIDS. This program has been highly successful in stimulating and encouraging students to remain in the education system.
- FDA's field components interact with local elementary and secondary schools, and institutions of higher education. For example, in San Antonio, the Public Affairs Specialist hosted an interactive exhibit at a Youth Tobacco Summit. This was the first meeting of this type held in Texas and was attended by more than 1,500 junior high school students. The Summit focused on discouraging young people from smoking. In Minneapolis, the Hispanic Employment Representative visited schools for more than five years to conduct mini courses and tutoring Hispanic children in English, math and science.
- Center for Biologics Evaluation Research hired a Hispanic Intern in its Student Intern Program. The program's mission is to develop a foundation in biomedical and related regulatory-based research that is integrated with scientific principles applicable to biological product development and regulation.
- FDA staff participated in numerous scientific job and career fairs, professional and scientific meetings, and job fairs sponsored by national Hispanic organizations. FDA advertised in magazines that reach large minority populations, including Hispanics. FDA placed advertisements in the Journal of Hispanic Affairs and in Hispanic Business Magazine. FDA made presentations on FDA's role and employment opportunities at the annual conference of the Society of Advancement of Chicanos and Native Americans in Science (SACNAS), the League of United Latin American Citizens (LULAC), the biennial conference of the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), the annual conference of the Hispanic National Medical Association, the National Council of La Raza's annual training conference and National Image, Inc.
- FDA has established a Hispanic Recruitment and Retention Work Group, chaired by the Director, Office of Human Resources and Management Services. The purpose of the group is to continue to generate ideas for the recruitment and retention of Hispanics and to develop an action plan with specific initiatives for FY 1999. FDA conducted a survey of FDA employees to gain information relevant to attracting and retaining Hispanic employees.
- National Center for Toxicological Research (NCTR) initiated a collaborative research program with faculty and students from Philander Smith College and University of Arkansas at Pine Bluff. NCTR published the research plans and accomplishments to the staff of

Historically Black Colleges and Universities.

- Center for Biologics and Evaluation Research (CBER) scientists, Equal Employment and Recruitment staff employed a variety of recruitment strategies and activities to achieve the Center's diversity recruitment goals and objectives. CDER used an extensive applicant database to recommend minority candidates to CBER managers to fill existing vacancies. The applicant database consists of resumes collected from all of CBER's targeted recruitment efforts. The applications are maintained for one year.
- The Offices of External Affairs, Consumer Affairs, Regulatory Affairs, the Center for Drug Evaluation and Research and the Office of Management made contributions to the Morehouse School of Medicine Biomedical Symposium. The Symposium is a continuing effort to encourage more than 1500 minority students (1,000 or 90%% were African Americans) to pursue careers in science and technology.
- Center for Drug Evaluation and Research (CDER) participated in the six-week summer internship program sponsored by the Minority Health Professions Foundation and the Association of Minority Health Professions Schools in collaboration with the Office of Consumer Affairs to support students from Xavier and Howard University Schools of Pharmacy.
- Center for Biologics Evaluation and Research (CBER) implemented a Biotechnology Traineeship Program. The training provided a comprehensive graduate cellular and molecular immunology course, a teaching faculty who are recognized in their fields, and laboratory experiences using state of the art equipment for 21 undergraduate students. Participants received three hours of graduate credit. The course featured recent advances in cellular and molecular immunology and was conducted at the National Institutes of Health Mary Lasker Center. This project focused on the knowledge base and technical skills significant to CBER's mission. Participants are eligible to apply for CBER or Center for Veterinary Medicine Intern Programs. Participating Universities—Howard University, Bowie State University, Coppin State University, and University of the District of Columbia.
- Center for Biologics Evaluation and Research (CBER) Student Internship Program (SI) Windows to Regulatory Research provided training opportunities for undergraduates as well as recent graduates. This ten-week program was a collaborative effort between the Centers for Veterinary Medicine and Food Safety and Applied Nutrition. The goal of the SI Program is to enhance the quality of the participants research experiences and training, and to promote personal development and professional skills. Participating schools were University of the District of Columbia, Howard University, George Washington University School of Medicine, and the University of Maryland Baltimore County.
- Office of International Affairs (OIA) and Office of Regulatory Affairs (ORA) collaborated with Huston-Tillotson University to conduct a student orientation program. Through a cooperative agreement with the University, FDA personnel provided lectures, transportation, and an on site visit for students at FDA's Dallas regional facilities and laboratory. FDA provided a lecture on "Official Methods of Compendia: An Analysis Guide to Regulatory

Sciences” to two audiences at the University. The first audience comprised 15 science and mathematics majors. The second audience was comprised 73 freshmen students. ORA’s Dallas District Laboratory employed one Huston Tillotson University summer intern.

- Office of Regulatory Affairs (ORA) established partnership agreements with Morris Brown and Spelman Colleges. The agreements focused on community-based programs and initiatives to address health promotion and disease prevention, dialogue and information exchange, and dissemination of health and scientific-related information, publications, and materials in the community.
- Office of Regulatory Affairs’ (ORA) Philadelphia District Office hosted approximately 25 students from the Lincoln University Summer “LASER” program. This program is designed to give qualified incoming freshman students the opportunity to get an early start in their college careers.
- Center for Food Safety and Applied Nutrition (CFSAN) partnered with the University of Maryland, College Park, Baltimore, and the Eastern Shore to provide students with opportunities to work with scientists at the Joint Institute of Food Safety and Applied Nutrition (JIFSAN) and CFSAN.
- Office of Regulatory Affairs’ (ORA) Arkansas Regional Laboratory established a cooperative education agreement with the University of Arkansas at Pine Bluff.
- Office of Regulatory Affairs’ (ORA) Philadelphia District Office continued its cooperative education and mentoring program agreement with Lincoln University. Two new students with Chemistry majors were hired in the laboratory.

Workforce and Health Professions Development and Training

FDA recognizes the benefits of having a diverse workforce. FDA has established a Diversity Data Bank designed to assist managers throughout the agency in identifying qualified candidates to fill vacancies wherever they occur. This system will enhance diversity at all levels, in all occupations, and in all career opportunities. FDA also employs other recruitment strategies such as recruiting through schools and associations such as Harvard School of Public Health; American Association of Pharm Science American Association of Statistical Association; and the Physicians Job Fairs, or Advertising in publications such as: JAMA (Journal of American Medical Association), Academic Physicians and Scientists, NETMED, New England Journal of Medicine, Affirmative Action Register, Society for the Advancement of Chicanos and Native Americans in Science (SACNAS), National Hispanic Medical Association and the National Association of Hispanic Serving Health Professions Schools. Other activities include:

- Center for Biologics Evaluation and Research (CBER) developed two programs—Student Intern Summer Program and Student Intern Bio-Medical Semester Program. CBER Student Intern Programs presented challenging research opportunities for young scientists to gain technical and professional experiences in the biomedical field.

- A Howard University student completed research to complete her master's work in November 1998 under the scientific and technical guidance of a CBER scientist. The student participated in a prior Student Intern Summer Program.
- Center for Food Safety and Applied Nutrition (CFSAN) participated in a work study program with the University of the District of Columbia. CFSAN supported one African American female major in biology.
- Center for Food Safety and Applied Nutrition (CFSAN) participated in a ten-week internship program with the Foundation for Advanced Education in the Sciences, Inc. Under this program the Center's Office of Cosmetics and Colors worked with two African American females attending the University of the District of Columbia and Howard University.
- National Center for Toxicological Research (NCTR) staff serve on the Advisory Board for the Ronald McNair Scholars Program at the University of Arkansas at Pine Bluff. The Ronald McNair Scholars program offers guidance, research mentors, and stipends to first-generation and low-income students who intend to pursue doctorate degrees.
- Office of Regulatory Affairs' Atlanta District Office participated in the National Association for Equal Opportunity in Higher Education (NAFEO) regional job fair in Atlanta, Georgia. Atlanta District employees and exhibitors provided information on jobs in FDA and received several resumes. The resumes will be maintained for vacancies.
- Office of the Commissioner has established a Diversity Data Bank designed to assist managers throughout the agency in identifying qualified candidates to fill vacancies wherever they occur. This system will enhance diversity at all levels, in all occupations, and in all career opportunities, including the Minority Faculty Fellows Exchange Program, advisory committees and Panels, and employment. HBCU faculty of scientific disciplines are included in the data base. The most recent candidate is from Florida A&M University's School of Pharmacy.
- Office of Regulatory Affairs' (ORA) Kansas City Laboratory Office continued its outreach activities by mentoring students at the University of Missouri through work experiences. The students are members of the Heartland's Alliance for Minority Participation (HAMP) Scholars Program and have all demonstrated talent and interest in science and math. A goal of this program is for these students to learn from science professionals by working in a laboratory setting. In-Kind
- Center for Drug Evaluation and Research (CDER) participated in scientific job/career fairs, professional and scientific meetings, and advertised in magazines that included large populations of minorities and women (25% African American). Activities included: (1) recruitment at Harvard School of Public Health; American Association of Pharm Science American Association of Statistical Association; and the Physicians Job Fairs; and (2) Advertised in publications such as the Journal of American Medical Association, Black EOE Journal, Academic Physicians and Scientists, NETMED, New England Journal of Medicine, and the Affirmative Action Register.

- Office of Civil Rights and Equal Employment Opportunity (OCR/EEO) and various district offices have internship and summer hire programs that may include AAPI students. For example, in the Los Angeles District Office, AAPI students from the University of California have served as interns in a health communication project.
- Center for Drug Evaluation and Research (CDER) conducted an Oncology Patient Training Residency Program. The goal of the program is twofold: to educate cancer survivors/advocates about FDA's drug review and approval process and then through the cancer survivor to educate the cancer community about the process. Four pilot residents were selected from candidates recommended by the cancer community. One resident has completed the program and three are at various stages in the program. Residents begin the program by attending a one-week seminar which FDA scientific reviewers attend. After attending, each resident will attend two to four training sessions in the Division of Oncology Drug Products. Residents are brought on board as Special Government Employees (SGE). As SGEs, the Residents are salaried and compensated for travel and living expenses.
- Center for Drug Evaluation and Research (CDER) participated in year-round six-week internship and preceptorship programs with colleges and universities. Under the Voluntary Pharmacy Student Preceptorship Program (VPSPP), the Office of Drug Evaluation I, Division of Marketing, Advertising, and Communications and the Office of Training and Communications, Division of Communications Management trained 9 Pharmacy students (four Asians -- 1 male and 3 females) from Howard University and University of Maryland.
- Office of Regulatory Affairs' (ORA) Los Angeles District Office mentors Asian and Pacific Islander students at least 10 hours a week. ORA familiarizes students with FDA, provide them with experiences in agency operations and with public health organizations. The program is open to any student, but a majority of students have been Asian or Pacific Islanders.
- Center for Drug Evaluation and Research (CDER) supported conference participation of 15 employees at the Asian Pacific American Institute for Congressional Studies, Federal Asian Pacific American Council, National Asian and Pacific American Women, and Federally Employed Women.
- Center for Drug Evaluation and Research (CDER), Division of Over-the-Counter Drug Products, entered into an agreement with four volunteer Pharmacy students (one Asian male) from the University of Kansas, University of Maryland, and Temple School of Pharmacy. During their tour, the students worked on issues directly concerned with regulation of OTC drugs marketed in the United States. Their work included developing final OTC drug monographs, and reviewing new drug applications that were switched from prescription drug to OTC status, adverse drug reactions, and labeling format and content.
- National Center for Toxicological Research (NCTR) conducted several Mentoring Programs for the ORISE (Oak Ridge Institute for Science and Education) Postgraduate Research Participation Program, ORISE Faculty Appointments, ORISE Foreign National, Summer Research Program, Science Teachers Research Involvement for Vital Education, Academic Enrichment for Gifted in Summer, Veteran's Administration Collaborative Research, Student Career Evaluation Program, Career Education Program, Stay-In-School Program, Staff

Fellows Program, Visiting Scientists, and Guest Workers. NCTR uses 64 scientists as mentors and 190 employees as proteges; 15 or 77.0% Asian males, 6 or 3.2% Asian females.

- Recruitment from within is an important component of human resource management that provides internal opportunities for employees. Many of FDA's centers and offices have mentoring programs established for support staff and mid-level employees in meeting their career goals. These mentoring programs provide a source of career information and guidance to employees who are interested in improving their skills and enhancing their career potential. For example the Center for Food Safety and Applied Nutrition established a mentoring program for AAPI employees to shadow Senior Executive Service employees in efforts to provide AAPI employees with promotion opportunities in Senior Executive Service positions.
- FDA nominated 52 participants, including four Asians, for Government-wide Career Development programs, e.g., the Federal Executive Institute, Management Development Training, The New Leader, and the Executive Potential Program.
- Office of Regulatory Affairs (ORA) implemented the Support Staff Development Training Program which assists employees in making the transition to higher graded positions such as program assistant, management assistant, paralegal specialist, and budget/personnel assistant. Seven employees participated, including one Asian female.
- FDA implemented a Leadership Program for high-potential GS-14-15 employees for future leadership positions in the Agency. The program targets women and minorities, including Asian and Pacific Islander employees for development. Each participant develops a individual development program with the assistance of a mentor. Two Asian males and one Asian Female participated.
- Center for Drug Evaluation and Research participated in the Senior Biomedical Research Service (SBRS) to recruit and retain senior physicians and scientists in biomedical research and clinical research evaluation. The Agency used internal opportunities to select sixteen (16) employees into the SBRS. One Asian male and one Asian female participated.
- National Center for Toxicological Research uses a Center wide Newsletter, bulletin boards, E-mail, NCTR electronic News, special presentations, and exhibits to provide information and training to all NCTR managers and employees concerning the particular needs and interesting cultural contributions of AAPIs.
- Office Regulatory Affairs conducted a seminar on cultural sensitivity to 75 physician assistant students at the University of Southern California School of Medicine.
- FDA participated in scientific job/career fairs, professional and scientific meetings, and advertised in magazines that included large populations of minorities and women (20% Asian). Specific activities included:

- recruitment targeted to Asian and Pacific Islander candidates at the Harvard School of Public Health, American Association of Pharm Science, American Association of Statistical Association, George Washington University, Galludet University, and the Physicians Job Fairs.
- advertisements in publication such as: JAMA (Journal of American Medical Association), Academic Physicians and Scientists, NETMED, New England Journal Medicine, Affirmative Action Register, Society for Advancement of Chicanos and Native Americans in Science (SACNAS).
- One (1) AAPI summer student with a disability was hired to do computer work in the Center for Food Safety and Applied Nutrition, Office of Food Labeling. The student was recruited through the President's Committee and the Department of Defense's Workforce Recruitment Program for Students with Disabilities.
- Center for Food Safety and Applied Nutrition (CFSAN) partnered with the University of Maryland (Baltimore, College Park and the Eastern Shore) to create a Joint Institute for Food Safety and Applied Nutrition (JIFSAN). JIFSAN provides all students with opportunities to work with scientists in JIFSAN and CFSAN.
- FDA supported a 1998 grant to the Morehouse School of Medicine to provide travel and per diem for a cross section of students at a variety of academic levels—high school, undergraduate, graduate and professional tracks, including Native Americans, to attend the Annual Symposium on Career Opportunities in Biomedical and Public Health Sciences (AMHPS). A diverse, outstanding and noted body of Native American, African American, Hispanic students, and other scientists participated in the Symposium. The Symposium is a continuing effort on the part of the Association of Minority Health Professional Schools to provide information and to encourage minority students to pursue scientific and technical careers. Senior FDA staff made presentations and participated in workshops for the students.
- Center for Biologics Evaluation and Research (CBER) established collaborative projects with the NIH's Minority Access to Research Careers (MARC) program and the National Science Foundation's (NSF) Alliances for Minority Participation (AMP) program to sponsor and place research students through the CBER Student Intern (SI) program. The SI program's mission is to develop a foundation in biomedical and related regulatory-based research that is integrated with scientific principles applicable to biological product development and regulation. Specific objectives include providing a mentored research experience that is challenging and stimulating, broadening the student's technical skills and educational and professional experiences, and to promote FDA as a future employer. Seventeen undergraduate students with GPAs of 3.5+ participated in the SI program. One American Indian male participated.

Access to Health Care

- A fundamental component of FDA's efforts to engage interested persons in its decision making process is to provide balanced opportunities for public access to Agency regulatory

processes, and to provide educational and informational programs. The primary decision-making processes are notice and comment rulemaking proceedings, testimony at public meetings, advisory committee meetings, and National and District Consumer Forums. FDA stakeholders include industry, small business, consumers, and health professionals. Such stakeholders may interact with FDA policy makers, express individual opinions, or ask for information to address specific concerns. The results are improved understanding and communication between FDA and the public and a greater balance in FDA's decision making process.

- FDA convened a series national and local forums with consumers, health professionals, small businesses, associations and community-based organizations in the United States and Puerto Rico. Forums are planned for California—Los Angeles, San Francisco, and Seattle in 1999. These forums provide opportunities for the Food and Drug Administration's decision makers to dialogue with diverse publics and organizations on the FDA Modernization Act and an array of regulatory and health policy issues.

- FDA actively recruits minorities, women, and people with disabilities to serve on its advisory committees and panels. FDA used 41 technical advisory committees, with some 458 members, which review complex scientific data and make recommendations to the Agency on the safety, effectiveness, and labeling of drugs, medical devices, food and food safety, biological and blood products, veterinary products and radiation safety standards. Twenty-two (22) Hispanics, thirty-one (31) Asian Americans and Pacific Islanders, One (1) American Indian, fifty-seven (57) African Americans currently serve on committees. These public representatives provide the Agency with their perspective on many policy and health issues that affect the public. FDA uses a Consortium of organizations to recruit and assess candidates to serve as consumer representatives on the FDA's advisory committees. The Consortium was established in 1979 and consists of members of consumer organizations representing national, state, and local interests, diversely geographical locations; and a wide range of constituencies, including older individuals, minorities, and women. The primary responsibility of the Consortium is to assist the FDA with the recruitment, interviewing, and assessment of candidates to serve as consumer representatives on FDA advisory committees.

ATTACHMENT 4

Health Resources and Services Administration

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) 1999 MINORITY HEALTH REPORT TO CONGRESS

OVERVIEW

The primary mission of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, is to increase access to basic health care for those who are medically underserved. Racial and ethnic minorities are served by and benefit from HRSA's programs in a number of ways. First, since minorities are a disproportionately large portion of the medically underserved, they are a primary focus of many of HRSA's primary care programs. Second, HRSA has several programs that specifically focus on racial and ethnic minorities. And finally, by working to make the overall medical delivery system more culturally competent, HRSA's programs impact the quality of care delivered to all racial and ethnic minorities, regardless of their income.

Data continue to show that the health status of America's racial and ethnic minorities is below that of the general population. For example, infant mortality rates are 2.5 times higher for African Americans and 1.5 times higher for American Indians than for whites. Consequently, HRSA's maternal and child health programs strive to lower this unacceptable disparity. The prevalence of diabetes in Hispanics is nearly double that of whites--and is a topic addressed at HRSA's primary health care clinics. Of the HIV/AIDS cases reported among women and children, more than 75 percent occur among racial and ethnic minorities. HRSA's Ryan White program serves this population both through funding treatment clinics and making life-saving drugs more accessible.

To fulfill its mission, HRSA's programmatic portfolio includes 80 distinct initiatives designed to increase access to care, to improve quality, and to safeguard the health and well-being of the Nation's most vulnerable populations.

HRSA'S VISION FOR INCREASING ACCESS

HRSA's strategy for safeguarding the health of the American public is built on four time-tested principles:

- *Health Care Services Must Be Comprehensive and Coordinated.* HRSA promotes a "health home" model of care to ensure that the Nation's uninsured and underserved receive the full range of health care services they need.
- *Health Care Services Must Be of the Highest Quality.* Providing a particular service, such as a diagnosis or a prescribed mode of treatment, often is not enough. Services must be evaluated to ensure that the diagnosis was accurate, that the treatment was effective, and the people are doing better than they were before seeking care.
- *Health Care Services Must Be Community-Based.* Clients must have easy access to services in the community in which they live.
- *Health Care Services Must Be Culturally Competent.* Language, ethnic differences, and religious beliefs should not prevent any individual from

receiving high quality health care that is consistent with cultural needs and expectations.

Putting these principles into practice is a daunting task. Nevertheless, HRSA has developed an ambitious portfolio of projects - each of which reflects these essential values.

HRSA'S PROGRAMMATIC ACTIVITIES

HRSA's programs are administered primarily by its four bureaus which are:

- The Bureau of Health Professions
- The Bureau of Primary Health Care
- The Maternal and Child Health Bureau
- The HIV/AIDS Bureau

In addition, there are a number of programs that are run out of the Office of Rural Health Policy. Moreover, serving as the Agency's focal point for coordinating activities targeted to minority populations, the Office of Minority Health oversees the four Departmental minority health initiatives and frequently develops new activities targeted to minority populations.

The Bureau of Health Professions

The Bureau of Health Professions (BHPR) provides leadership in supporting the development and use of the nation's health personnel. A priority in the Bureau is improving the diversity and distribution of the health care workforce. Improving the diversity of this workforce will improve access to care for the under served. Recent data indicate that African American physicians are 5 times more likely than other physicians to treat African American patients; Hispanic physicians are 2.5 times more likely than other physicians to treat Hispanic

patients.

In FY 1997 and FY 1998, the Bureau invested nearly \$290 million per year to ensure that the Nation's health care workforce meets the needs of Americans.

The Centers of Excellence program which supports training opportunities for minority students was funded at nearly \$24 million per year in FY 1997 and in FY 1998. All of which was directed to racial and ethnic minorities. About 80 percent of the \$26 million provided annually for the Health Careers Opportunity Program (HCOP) supported minority students. Program activities ranged from intensive education in math and science for elementary and middle school students to specialized training programs at health professions schools. The HCOP program alone is attributed for the success of nearly 100 minority students gaining acceptance to medical school each year.

In addition, the Bureau provided nearly \$37 million per year in FY 1997 and FY 1998 for financial assistance, which included loans and scholarships, for minority and disadvantaged students.

Attachment A provides a detailed accounting of BHPR's activities that are targeted to minority populations.

The Bureau of Primary Health Care

The Bureau of Primary Health Care (BPHC) assures that underserved people get the health care that they need. The Bureau's primary mission is to increase the access to comprehensive primary and preventive health care and to improve the health status of underserved populations.

BPHC administers two major programs and carries out special primary care initiatives to meet the needs of special high-risk populations. These initiatives often target children, pregnant women, and substance abusers who are at risk for poor health outcomes.

The two major Bureau programs are:

- The Consolidated Health Centers Program, and
- The National Health Service Corps

The *Consolidated Health Centers Program*, funded at about \$790 million in fiscal year 1997 and \$821 million in fiscal year 1998, comprises four initiatives: *Community Health Centers*, *Migrant Health Centers*, the *Health Care for the Homeless Program*, and the *Health Care for Residents of Public Housing Program*.

The *Community Health Centers* (CHCs) provide family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities. They exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population, and their services are tailored to the needs of the community. CHCs offer services that include primary and preventive care, outreach, and dental care, essential ancillary services such as laboratory tests, X-ray, environmental health, and pharmacy services. In addition, related services such as health education, transportation, translation, and prenatal services are provided. The Centers also provide linkages to welfare services, Medicaid, substance abuse treatment, WIC, and other related services. Nearly one-third of the users of the CHCs are racial and ethnic minorities.

The *Migrant Health Centers* strive to provide migrant and seasonal farm workers and their families' access to culturally competent comprehensive medical care services. Services include primary care, preventive health care, transportation, outreach, dental, pharmaceutical, and environmental health care. Unique to the MHCs is the use of lay outreach workers; bilingual, bicultural health personnel; and culturally appropriate protocols developed by the Migrant Clinicians Network. The center's children-focused services include immunization outreach, well baby care, and developmental screenings. Approximately 50 percent of the users are Hispanics. African Americans represent 35 percent of the MHC's client population.

The *Health Care for the Homeless Program* enables providers to deliver primary care and substance abuse services at locations accessible to homeless people and around-the-clock access to emergency health services. Clients are referred for hospital services as needed and for mental health services that are not provided on site. Assistance to help clients obtain services under entitlement programs and to establish eligibility for housing subsidy is also available. About 63 percent of the 426,000 clients are racial and ethnic minorities.

The *Health Care for Residents of Public Housing Program* provides comprehensive primary health care services, including health screening, health counseling, health education, preventive dental, prenatal and perinatal care, physical exams, and other preventive health care. The staff aid residents in establishing eligibility for assistance under entitlement programs and train and employ residents to conduct health screenings and deliver health promotion activities. About 75 percent of the beneficiaries of this program are African

Americans and Hispanics.

The National Health Service Corps Scholarship Program provides financial support to health professional students committed to increasing access to primary health care by serving part or all of their career in federally designated health professional shortage areas. In FY 1997 and FY 1998, nearly \$30 million supported 326 scholarship recipients each year. In FY 1997, of that number, about 40 percent were minority students; in FY 1998, about 34 percent were minorities.

Attachment B provides a detailed description of the BPHC's major programs and the accomplishments relative to minority populations.

The Maternal and Child Health Bureau

Charged with the primary responsibility for promoting and improving the health of the nation's mothers and children, the Maternal and Child Bureau (MCHB) draws upon nearly a century of commitment and experience. The bureau provides its leadership, partnership, and resources to advance the health of the Nation's mothers, infants, children, and adolescents, including those of racial and ethnic minority populations, those with low income, and those living in rural or isolated areas without access to care.

MCHB administers four major programs:

- The Maternal and Child Health Services Block Grant (Title V)
- The Healthy Start Initiative (Public Health Service Act)
- The Emergency Medical Services for Children Program (Public Health Service Act)

- The Abstinence Education Program (Title V)

The *Maternal and Child Health Services Block Grant* program has three components: *formula block grants to 59 state and territories*, *Special Projects of Regional and National Significance* (SPRANS), and *Community Integrated Service Systems* (CISS) grants. The purpose of the grants to states is to create federal/state partnerships to develop service systems in the nation's communities to meet critical challenges in maternal and child health, including, but not limited to, significantly reducing infant mortality, providing comprehensive care for women before, during, and after pregnancy and childbirth, providing comprehensive care services for children and adolescents, and reducing adolescent pregnancy.

Approximately 85 percent of the block grant funds are distributed to the states under a formula that takes into consideration the percent of the Nation's low-income children residing in each State. Mothers, infants, children and adolescents of racial and ethnic minority populations account for about 60 percent of those served through the state block grant program.

The SPRANS program supported training grants at the four Black medical colleges/ schools (Meharry, Morehouse, Howard, and Charles R. Drew) in fiscal years 1997 and 1998 to enhance graduate medical education in obstetrics/gynecology, pediatrics, and family practice. These training grants were expected to strengthen the educational development of medical residents and fellows as well as improve and increase primary care services in community-based settings for unserved and under served families and children. Particular emphasis was placed on serving at risk African

American children and families. Approximately \$1 million was provided in FY 1997 to the medical schools in support of this program and \$1.5 million in FY 1998.

Several SPRANS projects were also funded to address the needs of the Asian American/Pacific Islander populations. Among the maternal and child health activities funded were research, training, genetic disease testing, counseling, information dissemination, hemophilia diagnostic and treatment centers, and maternal and child health improvement projects.

Twelve SPRANS' training projects were funded to support MCH medical education training for Hispanic students and faculty. Short-term continuing education activities were made available for Hispanic health professionals through the SPRANS program as well for a total of \$1.2 million in FY 1997 and \$1.7 million in FY 1998.

In FY 1996, the Demonstration Phase (Phase I) of the *Healthy Start Initiative (HSI)* ended. At the end of Phase I, there were 22 HSI demonstration projects in predominately minority communities that developed and implemented unique community-based strategies. In 1997, HSI-Phase II initiated support to 40 additional communities seeking to adapt successful Healthy Start strategies. In 1998, 13 more communities were funded to adapt successful interventions and two new grantees were identified in communities initially served during the demonstration phase bringing the total to 55 new communities. Preliminary findings from the national evaluation of ten of the fifteen original Healthy Start communities funded in 1991 indicate that the infant mortality rate for African Americans was reduced from 19.1 (1989-1991) to 14.4 (1995) infant deaths per thousand live births in these communities.

African American women represented more than 88 percent of the women participating in the Healthy Start projects that were evaluated.

A detailed description of MCHB's activities and accomplishments are found in **Attachment C**.

The HIV/AIDS Bureau

The HIV/AIDS Bureau administers the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act was signed into law on August 18, 1990 to improve the quality and availability of care for people with HIV/AIDS and their families. Within the Bureau, the Division of Service Systems administers Titles I, II and the AIDS Drug Assistance Program (ADAP); the Division of Community Based Programs administers Titles III, IV and the HIV/AIDS Dental Reimbursement Program; and the Division of Training and Technical Assistance administers the AIDS Education and Training Centers (AETC) Program. The Bureau's Office of Science & Epidemiology administers the Special Projects of National Significance (SPNS) Program. The Bureau conducts programs to benefit low-income, uninsured and underinsured individuals and families affected by HIV/AIDS.

The Bureau administers HIV/AIDS programs under four titles and Part F of the CARE Act:

- Title I - HIV emergency relief grant program for eligible metropolitan areas (EMAs)
- Title II - HIV care grants to States and U.S. territories
- Title III - HIV early intervention services
- Title IV - Coordinated HIV services and access to research for children, youth, women, and families
- Part F - Special Projects of National Significance (SPNS) Program;

HIV/AIDS Dental Reimbursement Program; AIDS Education and Training Centers (AETCs) Program

Title I funding provides formula and supplemental grants to eligible metropolitan areas (EMAs) that are disproportionately affected by the HIV epidemic. These areas are eligible for Title I formula grants if they have reported more than 2,000 AIDS cases in the preceding five years, and if they have a population of at least 500,000 (this provision does not apply to EMAs funded prior to FY 1997). In FY 1997, there were 49 EMAs in 19 States, Puerto Rico, and the District of Columbia that received \$413 million in Title I formula and supplemental funds. (The level of funding in FY 1998 is not currently available). Reporting of client utilization data for the Ryan White CARE Act programs is done by the calendar year. The most recent client data available is for calendar year 1996. In 1996, 635,940 clients were served under Title I funding. Of that number, about 61 percent were African Americans and Hispanics.

Title II provides formula grants to States, the District of Columbia, Puerto Rico and eligible U.S. territories to provide health care and support services for people living with HIV disease. Through a State AIDS Drug Assistance Program (ADAP), states may also use title II funds to provide treatments that prolong life or prevent serious health deterioration for those with HIV disease. Grants are awarded to the State agency designated by the governor to administer Title II, usually the health department. Fifty-four (54) grantees received \$398 million in Title II funds in FY 1997. Grantees reported that 337,840 HIV-infected persons utilized services funded under Title II in 1996. More than half (56%) of those clients were African Americans and Hispanics.

Title III of the CARE Act supports outpatient HIV early intervention services for low-income, medically underserved people in existing primary care systems. Medical, educational, and psychosocial services are designed to prevent the further spread of HIV/AIDS, delay the onset of illness, facilitate access to services, and provide psychosocial support to people with HIV/AIDS. In 1996, about 34 percent of clients served were non-Hispanic whites, about 39 percent were non-Hispanic Blacks, and about 24 percent were Hispanics.

Title IV programs focus on the development and operation of systems of primary health care and social services that benefit children, youth, and women living with HIV and their families. These systems aim at building comprehensive, community-based, coordinated programs that include both health and social outreach elements, as well as prevention. Title IV also works to develop new ways to effectively link these care systems with HIV research supported by the National Institutes of Health (NIH) and other organizations. In 1997 a total of 59 local and statewide projects received a total of \$34.4 million under Title IV. African American and Hispanics were the primary recipients of services.

Part F - The Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV/AIDS care, designed to address special care needs of individuals with HIV/AIDS in minority and hard-to-reach populations. These projects are designed to be replicable in other parts of the country, and have a strong evaluation component. In FY 1997, the SPNS Program funded 62 grantees to implement and evaluate innovative models of HIV service delivery and to disseminate and refine effective models. A special emphasis has been placed on the

development of HIV/AIDS service models for Native Americans. It is estimated that as many as 30,000 individuals received clinical services from the SPNS projects during FY 1997.

Part F - The AIDS Education and Training Center (AETC) Program is a national network of 15 centers that conduct targeted, multi-disciplinary education and training programs for health care providers in designated geographic areas. The AETCs are funded to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and manage care for individuals with HIV/AIDS and are able to help prevent high risk behaviors that may lead to infection. Approximately 150,000 health professionals received HIV/AIDS training through the centers in 1996.

Part F -HIV/AIDS Dental Reimbursement Program assists accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV-positive patients. Eligible applicants must have documented uncompensated costs of oral health care for HIV-positive persons, and must be accredited by the Commission of Dental Accreditation. Funding takes into account individual applicant and nonreimbursed oral health costs, as compared to the total number of patients served and total costs incurred by all eligible applicants. In FY 1997, 103 institutions received funding and about 70,000 HIV-infected clients were reported to have received oral health care.

Attachment D provides a detailed report of Bureau accomplishments for each of the components of the Ryan White CARE Act administered by HRSA.

The Office of Rural Health Policy

The Office of Rural Health Policy (ORHP) employs a multi-dimensional approach in order to provide a "focused" strategy for increasing access for minorities to rural health. This approach integrates education, data collection, health care services, network development, coalitions and partnerships, research, and a toll-free phone information center.

In 1997 ORHP initiated a specific agenda on minority rural health which was documented in the report entitled *A National Agenda for Rural Minority Health*. This report addressed policy issues and made recommendations in three areas: information and data; health policy and practices; and health delivery systems. Follow on work is addressed at ORHP's annual minority rural health conference. The most recent conference in December 1998 focused on the Presidential Initiative to Eliminate Racial Disparities by targeting six major health areas: diabetes, cardiovascular disease, cancer, maternal and child health, immunizations, and HIV/AIDS.

ORHP estimates that approximately 25 percent of the service populations of its largest grant program, the Rural Health Outreach Grant Program, are minorities. The outreach program is designed to provide rural populations with access to quality, affordable, health and social services and in the last three years has funded a total of approximately 350 projects, each averaging a total of \$550,000 over a three year period. All funded grantees are required to have a coalition of agencies providing services and this strategy has a three-fold benefit: improves the coordinated delivery of services; fosters collaboration in communities and helps better leverage resources; and increases the likelihood of sustainability after federal funding has

finished.

The State Office of Rural Health program, supported primarily with federal funds, provides a focal point for state specific information, helps in coordinating statewide activities and provides technical assistance. This program conducted a survey of minority rural health activities, held a forum on minority health at a national conference, and provides technical assistance on minority rural health activities.

ORHP collaborates with the Department of Agriculture by funding a key customer service resource that includes information on and for minority populations. The Rural Information Center Health Service (RICHS) is a toll-free rural information center that conducts customized searches and serves as a repository of rural health information. In addition, RICHS operates the most comprehensive rural health web site available at this time. The web site was designed to feature minority information including links to minority health organizations and minority information sources.

ORHP also has developed a number of projects targeted to individual minority groups. For example, ORHP funded Tuskegee University to develop a video that encouraged rural, Black, middle school children to consider health professions. To encourage the replication of successful outreach Latino/Hispanic projects, a selection of these Latino/Hispanic projects were featured in a publication entitled *Outreach Profiles on Latino-Hispanic Rural Health*.

The Office of Minority Health

As HRSA's focal point for coordinating activities targeted to minority populations, the Office of Minority Health (OMH) works closely with Bureaus/Offices to establish a coordinated

and comprehensive effort to develop new activities and expand existing ones in response to this opportunity. OMH has developed minority health programs which are targeted to minority populations across the board. The office is also charged with monitoring the four Departmental minority health initiatives targeting African Americans, Hispanic Americans, American Indians/Alaska Natives, and Asian Americans and Pacific Islanders. OMH is the lead office on HRSA's Initiative to Prevent Family and Intimate Partner Violence which focuses on abused women, many of whom are racial and ethnic minorities.

Activities undertaken in FY 1997 and FY 1998 to address issues affecting minority populations include:

The Minority Management Development Program

The Minority Management Development Program (MMDP) is a model public/private partnership funded by HRSA, HCFA, other Federal partners, and the American Association of Health Plans and its member health plans. The project is a ten-month fellowship program designed to enhance the representation of minority managers and administrators in the managed care industry. The program provides managerial training, work experience, and knowledge of the industry through focused didactic and interactive training opportunities. In addition, Fellows receive a taxable stipend and single health insurance coverage. Upon successful completion of the program, Fellows are provided with placement assistance within the health care industry. The program began in the Washington, D.C./Baltimore, MD area, utilizing area health plans, industry experts, and university faculties. In FY '99 the program is being expanded to the Southwest. Seventy-six

Fellows have successfully graduated from the program since its inception in 1992. (Funding: FY 1997 - \$200,000, FY 1998 - \$200,000).

Agency-Wide Committees Addressing Minority Health

In order to contribute to the deliberations on cross-cutting issues which impact on minority health HRSA-wide and carry forward the Department's minority health initiatives, OMH chairs the Administrator's Minority Health Advisory Committee and the Cultural Competency Committee and sets the agendas. These committees, which are composed of representatives from Bureaus and Offices, develop recommendations for improving program development and coordination related to minority health across the Agency.

Development of a Tracking/Management Information System

Since 1985, HRSA has provided significant funding to both majority and minority institutions to increase the number of racial/ethnic minorities entering into and graduating from health professions programs. Despite this level of funding, minority physicians, dentists, nurses, and other health practitioners remain grossly underrepresented among health care professionals. In FY 1996, HRSA began the first phase of a multi-tiered project, managed through OMH, which will ultimately result in a tracking/management information system that can be used by the Agency to assess and improve the performance of its minority training programs. (Funding: FY 1997 - \$200,000).

Family Violence Prevention Initiative

As the coordinating entity for the Family Violence Prevention Initiative in the Agency, OMH has taken a lead role in the development of violence prevention strategies within HRSA and in ensuring that activities are culturally competent and address the concerns of minority women. Early activities included participation in the HHS Secretary's Blue Ribbon Panel on Violence which insured that the concerns of racial/ethnic minorities were included in panel recommendations. Most recently, in FY 1997 and FY 1998:

- Developed an agency-wide Action Plan to Prevent Family and Intimate Partner Violence in collaboration with national experts in the field, community-based providers, advocates, and survivors.
- Distributed HRSA's Action Plan to the Agency's program managers, more than 2,500 HRSA grantees, state and local health officials, and violence prevention organizations. Also made the Plan available on the HRSA website.

OMH will oversee the implementation of the Action Plan within HRSA during FY 1999 and FY 2000.

African American Initiative

The African American Initiative is driven by the White House Executive Order 12876 on Historically Black Colleges and Universities (HBCUs); however, there are discussions underway to broaden this initiative to more comprehensively address the health needs of this population. OMH produces the Agency's Annual Plans, Performance Reports, and Strategic Plans for this initiative. OMH has

continued to highlight new areas of potential collaboration for meeting HBCU goals. Currently, two new projects are underway:

Assessment of Historically Black Medical Colleges' Participation in HRSA-Supported Health Professions Training Programs - This project will conduct a comprehensive analysis relative to the declining level of HRSA program funding to the four Black medical schools (Morehouse School of Medicine, Howard University, Meharry Medical College, and Charles R. Drew University of Medicine and Science) to develop a clear set of recommendations that will reverse this trend. (Funding: FY 1998 - \$122,974).

Effectiveness of Diverse Methods of Technical Assistance to HBCUs - This study is evaluating the effectiveness of two methods of technical assistance to HBCUs: regional technical assistance workshops and institutionally-targeted site visits to specific institutions. This study will increase the awareness and knowledge of HBCUs about the mission and organizational structure of HRSA; promote programmatic activities of HRSA for which HBCU involvement might be increased, and provide information on increasing the competitiveness of HBCUs in pursuing funding through HRSA grant and contract programs. (Funding: FY 1997 - \$150,000; FY 1998 - \$98,454).

OMH recently published an HBCU Directory to raise awareness among HRSA managers of the capabilities of HBCUs in carrying out

HRSA's mission. The Directory is available on the Internet as well.

Hispanic Initiative

The Hispanic Initiative is comprised of the White House Executive Order 12900 on Educational Excellence for Hispanic Americans and the DHHS Hispanic Agenda for Action (HAA). This initiative has developed over the past several years at the Department Level and has now resulted in a comprehensive approach to meeting the health needs of Hispanic Americans through the HAA. Activities under the initiative in FY 1997 and FY 1998 included:

Migrant Stream Forums - Since 1991, HRSA has partnered with CDC and other Federal partners in establishing the first programmatic link between minority health and migrant health concerns within HRSA. HRSA's involvement expanded the intent of the migrant stream activities to be responsive to other PHS agencies goals and priorities, i.e., CDC, SAMHSA, NIH/NIDA. Through these forums OMH has ensured that HRSA issues are included on the agendas and new approaches are developed to the health problems faced by migrant workers and their families. Through OMH support, the annual meetings include the participation of farm workers themselves. (Funding : FY 1997 - \$105,000; FY 1998 - \$105,000).

National Association of Hispanic-Serving Health Professions Schools - This association was founded in 1996 with the support of HRSA and OMH/OPHS, to provide national leadership to focus efforts on effectively expanding the pool of Hispanics in the health professions by creating an educational pipeline of linkages with institutions at the local, State, and Federal levels. (Funding: FY 1997 - \$100,000; FY 1998 - \$100,000).

The National Hispanic Religious Partnership for Community Health (NHRPCH) - This non-

profit umbrella organization, incorporated in 1997 in the District of Columbia, is establishing a Hispanic ecumenical presence in Washington to work in partnership with members throughout the country to develop an infrastructure that will meet the health needs of the Hispanic community nationwide. HRSA is presently providing support to this organization to develop a Hispanic Churches and Ministries Databank to provide the NHRPCH with the initial information necessary to identify, connect, and forge partnerships to address health problems within the Hispanic community. (Funding: FY 1998 - \$50,000).

American Indian/Alaska Native Initiative

This initiative, established under Executive Order 13021, comprises the Tribal Consultation Plan and the White House Initiative on Tribal Colleges and Universities (TCUs). OMH is responsible for implementing this new initiative and develops Annual Plans and Performance Reports as well as represents HRSA on the TCU Steering Committee. Although this is a new initiative, HRSA has been involved in program development for American Indians/Alaska Natives for some time.

Throughout FY 1998, to increase the competitiveness of TCUs in securing HRSA grants, OMH facilitated sustained technical assistance activities that included telephone conferences, small and large group workshops, and one-on-one discussions. As a result of these efforts, a tribal college was funded under the Health Careers Opportunity Program. Technical assistance as well as other forms of assistance are continuing with these colleges. For example, OMH arranged to have 20 surplus computers donated to the tribal colleges. In addition, over a year-long planning process, OMH began a dialogue with the TCU presidents

through two departmental meetings targeted to addressing the needs of these institutions. The first meeting brought the presidents to a departmental meeting with the Deputy Secretary and top-level agency administrators to identify specific needs of the colleges. A second follow-up meeting brought agency heads and TCU presidents and their staff together for two days in Phoenix, Arizona. The meeting was structured to expand the dialogue and set the stage for the development of a five-year departmental plan to help address the priority needs of these institutions and Indian people.

During FY 1998, OMH produced in partnership with the Indian Health Service and Salish Kootenai Community College, a satellite broadcast that focused on the development of nursing education programs. Among other things, this broadcast outlined for the TCU presidents and their staff the resources that are needed to initiate and sustain a higher education nurse training program. The broadcast focused on strategies for gaining approval for nursing education programs from state nursing boards, accreditation requirements, laboratory and library needs, and funding streams. Feedback from viewers and broadcast participants indicated that this was a much needed effort that will set the stage for new partnerships between TCUs, other colleges and universities, and federal agencies to develop new opportunities for nursing education at TCUs. Several side benefits of the broadcast included an expansion of knowledge relative to the capacity of the colleges to access the tribal college distance-based learning network and an increased interest among American Indian health professionals to serve as peer reviewers for HRSA's grant application process. These efforts continue to contribute to meeting HRSA's commitment to consult with Tribes and Indian people on HRSA programs that affect them.

(Funding: FY 1998 - \$38,000).

*Asian American and Pacific Islander
Initiative*

Established in 1997, the Asian American and Pacific Islander (AAPI) Initiative is the most recent minority health initiative established by the Department. In March 1998, HRSA convened two meetings with AAPI leaders to gain their input in the design of the Agency's activities to address AAPI health disparities. At those meetings, HRSA and the AAPI community jointly determined strategies for expanding this population's access to the Agency's programs.

At this early stage of the initiative, HRSA has focused its efforts on establishing linkages and strengthening partnerships with the AAPI community. OMH has facilitated this process, and since the meetings, has worked closely with the Agency's Bureaus and Offices to translate the community's recommendations into program reality. Building on the Agency's array of substantive programs for AAPIs, HRSA has developed a comprehensive plan for FY 1999 to help AAPIs lead stronger and healthier lives. (Funding: FY 1998 - \$163,000).

BUREAU OF HEALTH PROFESSIONS

**BUREAU OF HEALTH PROFESSIONS
1999 MINORITY HEALTH REPORT TO CONGRESS**

- **Title of the Program or Activity:** Centers of Excellence
- **Background/History of the Program/Activity:** Title VII PHS Section 739
- **Purpose of the Program/Activity:**

The purpose of this program is to assist health professions schools in supporting programs of excellence in health education for minority individuals in allopathic medicine, osteopathic medicine, dentistry, and pharmacy. Specifically, the program is to strengthen the national capacity to train minority students in these professions.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**

The principle objective is to strengthen health professions schools in providing quality educational programs for minorities, to conduct research related to minority health issues and to increase minority faculty.

- **Cost of the Program/Activity:**
FY 1997: 14 projects for \$18,528,769 out of a total 26 for \$22,708,618
FY 1998: 17 projects for \$21,750,320 out of a total 32 for \$24,017,956

- **Expected or Reported Outcomes and/or Impact:**

Increase the total award to targeted population by 5% annually.

- **Bureau/Office Contact Person:**
Name: Lorraine Donfor-Chen, DDS
Title: Public Health Analyst
Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Health Careers Opportunity Program

- **Background/History of the Program/Activity:** Title VII PHS Section 740

- **Purpose of the Program/Activity:**

The goal of the Health Careers Opportunity Program (HCOP) is to increase the number of individuals from a disadvantaged backgrounds into the health and allied health professions in order to meet the expanding health care needs of underserved populations. HCOP works to build diversity in the health fields by providing students from disadvantaged backgrounds an opportunity to enhance their academic skills and needed support to successfully compete, enter, and graduate from health professions schools.

- **Target Population Served:** Disadvantaged and minority populations

- **Number of People Served/Reached by Population Group:**

For 1997, a total of 6,122 disadvantaged/minority student were supported in structured programs - 2,993 African American, 1,843 Hispanic, 470 American Indian, 326 Asian American/Pacific Islander, 486 White, and 4 Other.

In FY 1998, the estimated disadvantaged student count is 5,400.

- **Cost of the Program/Activity:**

FY 1997: 69 projects to minority institutions for \$11,711,357 were awarded out of a total 132 projects for \$26,154,211

FY 1998: 61 projects to minority institutions for \$13,341,963 were awarded out of a total 134 projects for \$26,186,311

- **Expected or Reported Outcomes and/or Impact:**

Increase the total number of students served by this program by 1% annually.

Increase the total award to targeted population by 5% annually.

- **Bureau/Office Contact Person:**

Name: Lorraine Donfor-Chen, DDS

Title: Public Health Analyst - Telephone : 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Minority Faculty Fellowship Program
- **Background/History of the Program/Activity:** Title VII PHS Section 738 (b)
- **Purpose of the Program/Activity:**

The purpose of this program is to increase the number of underrepresented minority faculty members in health professions schools, by providing fellowships to individuals who have the potential for teaching, administering programs, or conducting research as faculty members.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**

The principle objective is to strengthen health professions schools in providing quality educational programs for minorities through increasing the number of minority faculty.

- **Cost of the Program/Activity:**
FY 1997: 2 projects for \$ 67,190
FY 1998: 3 projects for \$113,612
- **Expected or Reported Outcomes and/or Impact:**

To increase the number of projects to 5 in FY 1999.

- **Bureau/Office Contact Person:**
Name: Lorraine Donfor-Chen, DDS
Title: Public Health Analyst
Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Interdisciplinary Training for Health Care for Rural Areas
- **Background/History of the Program/Activity:** Title VII PHS Section 778
- **Purpose of the Program/Activity:**

Grants are awarded to provide support for the education and training of health care professionals to encourage and prepare them to enter into and/or remain in practice in rural America where health care professionals are currently in short supply. In particular, projects supported are to demonstrate innovative interdisciplinary training of health care providers and the establishment of long-term collaborative relationships between academic institutions, rural health care agencies, and rural health care providers.
- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**

FY 1997: 3 minority projects for \$618,764
FY 1998: 3 minority projects for \$595,176
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Public Health Special Projects
- **Background/History of the Program/Activity:** Title VII PHS Section 762
- **Purpose of the Program/Activity:**

The program supports community-academic partnerships designed to improve the competencies and skills of the public health workforce. Funded projects emphasize distance learning to bring formal training and continuing education to public health practitioners.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 1 minority project for \$159,149
FY 1998: 1 minority project for \$152,342
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
Name: Lorraine Donfor-Chen, DDS
Title: Public Health Analyst
Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Geriatric Education Centers
- **Background/History of the Program/Activity:** Title VII PHS Section 777 (a)
- **Purpose of the Program/Activity:**

This grant program is designed to strengthen multidisciplinary training of health professionals in the diagnosis, treatment, and prevention of disease and other health concerns of the elderly. Functioning within a defined geographic area, a Geriatric Education Center provides services to and fosters collaborative relationships among members of the health professions educational community.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 5 minority projects for \$1,264,915
FY 1998: 4 minority projects for \$ 696,495
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
Name: Lorraine Donfor-Chen, DDS
Title: Public Health Analyst
Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Preventive Medicine Residency Training
- **Background/History of the Program/Activity:** Title VII PHS Section 763
- **Purpose of the Program/Activity:**

Grants are awarded to schools of medicine, osteopathic medicine, public health and dentistry for projects to plan and develop new residency training programs. Projects are expected to maintain or improve existing residency training programs in preventive medicine or dental public health and to provide financial assistance to enrolled residency trainees.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 3 minority projects for \$391,779
FY 1998: 3 minority projects for \$338,995
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
Name: Lorraine Donfor-Chen, DDS
Title: Public Health Analyst
Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** General Dentistry
- **Background/History of the Program/Activity:** Title VII PHS Section 749
- **Purpose of the Program/Activity:**

Grants are awarded to schools of dentistry for projects to maintain or improve existing programs in dental public health and to provide financial assistance to enrolled trainees.
- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**

FY 1997: 9 minority projects for \$870,543
FY 1998: 7 minority projects for \$746,487
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**

Name: Lorraine Donfor-Chen, DDS
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Bureau of Health Professions

- **Title of the Program or Activity:** Faculty Training in Geriatrics, Med., Dent
- **Background/History of the Program/Activity:** Title VII PHS Section 777(b)
- **Purpose of the Program/Activity:**

Grants are awarded to strengthen multidisciplinary training of health professionals in the diagnosis, treatment, and prevention of disease and other health concerns of the elderly.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 2 minority projects for \$548,640
FY 1998: 2 minority projects for \$473,307
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
Name: Lorraine Donfor-Chen, DDS
Title: Public Health Analyst
Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Public Health Traineeships

- **Background/History of the Program/Activity:** Title VII PHS Section 761

- **Purpose of the Program/Activity:**

Grants are awarded to accredited schools of public health for the provision of graduate or specialized training in a severe shortage of health professions which include epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 2 minority projects for \$196,210

FY 1998: 2 minority projects for \$185,672

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Title: Public Health Analyst

Telephone: 301-443-2100

Bureau of Health Professions

- **Title of the Program or Activity:** Health Admin Traineeships and Special Projects

- **Background/History of the Program/Activity:** Title VII PHS Section 771

- **Purpose of the Program/Activity:**

Grants are awarded to assist educational institutions in the development or improvement of programs which prepare graduate students for employment with public and nonprofit private agencies and organizations.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 1 minority project for \$ 20,624

FY 1998: 3 minority projects for \$ 35,260

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Title: Public Health Analyst

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Bureau of Health Professions

- **Title of the Program or Activity:** Allied Health Special Projects
- **Background/History of the Program/Activity:** Title VII PHS Section 767
- **Purpose of the Program/Activity:**

Grants are awarded to eligible schools, universities, or other educational entities which provide for allied health personnel education and training, or to other public or non-profit entities capable of carrying out the purpose of this program. Specifically, to expand or establish programs that will increase the number of allied health professionals with the greatest shortages; that establish community-based training programs linked to rural clinical settings; and that provide career advancement or transition training opportunities for practicing allied health professionals.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 2 minority projects for \$209,760
FY 1998: 4 minority projects for \$375,074
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Physician Assistant
- **Background/History of the Program/Activity:** Title VII PHS Section 750
- **Purpose of the Program/Activity:**

This grant is to: 1) maintain Physicians Assistant Program by providing didactic and clinical instruction and faculty development, 2) revise the clinical component to a broader community based focus, and 3) provide support systems for student education.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 2 minority projects for \$351,014
FY 1998: 4 minority projects for \$584,518
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Graduate Training in Family Medicine
- **Background/History of the Program/Activity:** Title VII PHS Section 747
- **Purpose of the Program/Activity:**

The program is to train physicians for the practice of family medicine with an emphasis on longitudinal, preventive and comprehensive care to families.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 2 minority projects for \$279,048
FY 1998: 2 minority projects for \$293,741
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** General Internal Medicine & Pediatrics
- **Background/History of the Program/Activity:** Title VII PHS Section 748
- **Purpose of the Program/Activity:**

Grants are awarded to plan, develop, and operate an approved professional training program in the field of internal medicine or pediatrics for medical (MD or DO) students.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 1 minority project for \$181,100
FY 1998: 1 minority project for \$242,174
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Title: Public Health Analyst
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Bureau of Health Professions

- **Title of the Program or Activity:** Faculty Development in Family Medicine

- **Background/History of the Program/Activity:** Title VII PHS Section 747

- **Purpose of the Program/Activity:**

Grants are awarded for the establishment of departments of family medicine. Support is authorized to assist accredited schools of medicine or osteopathic medicine to establish, maintain, or improve family medicine academic administrative units to provide clinical instruction in family medicine.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 2 minority projects for \$362,637

FY 1998: 3 minority projects for \$540,344

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Podiatric Primary Care Residency Training
- **Background/History of the Program/Activity:** Title VII PHS Section 751
- **Purpose of the Program/Activity:**

Grants are awarded to train graduates of accredited schools of podiatry in a broad spectrum of clinical experience and to foster awareness of the intrinsic medical and psychological problems associated with particular populations with foot problems.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 2 minority projects for \$258,969
FY 1998: none
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Dept of Family Medicine

- **Background/History of the Program/Activity:** Title VII PHS Section 747(b)

- **Purpose of the Program/Activity:**

Grants are awarded for the establishment of departments of family medicine. Support is authorized to assist accredited schools of medicine or osteopathic medicine to establish, maintain, or improve family medicine academic administrative units to provide clinical instruction in family medicine.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 8 minority projects for \$1,445,178

FY 1998: 1 minority project for \$ 281,454 (change in reporting requirements for minority activities)

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Health Education Training Centers Program
- **Background/History of the Program/Activity:** Title VII PHS Section 746(f)
- **Purpose of the Program/Activity:**

The program is to improve the supply, distribution, quality and efficiency of personnel providing health services. The emphasis is given to Hispanics, minorities and other population groups with unmet health needs.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 1 minority project for \$373,122
FY 1998: 1 minority project for \$391,909
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Model State Supported Area Health Education Centers

- **Background/History of the Program/Activity:** Title VII PHS Section 746(a)(3)

- **Purpose of the Program/Activity:**

These programs continue clinical training for health professions' students, and promote health careers among middle and high school students. The intent of the training is to continue to solicit minorities into health careers and to retain them in underserved areas that provide health care for their minority communities.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 1 minority project for \$373,122

FY 1998: 2 minority project for \$477,634

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds
- **Background/History of the Program/Activity:** Title VIII PHS Section 827
- **Purpose of the Program/Activity:**

This program assists eligible institutions to meet the costs of projects to provide educational opportunities to students from disadvantaged backgrounds to overcome financial, educational or cultural barriers that prevent entry into nursing schools and/or interfere with the successful completion of their studies. Funds are awarded for preliminary education activities, recruitment, counseling, academic support services, stipends and faculty development.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 11 minority projects for \$1,554,746
FY 1998: 11 minority projects for \$1,110,685
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Advanced Nurse Education

- **Background/History of the Program/Activity:** Title VIII PHS Section 821

- **Purpose of the Program/Activity:**

This program assists collegiate schools of nursing to meet the costs of projects to plan, develop, and operate or significantly expand programs at the masters or doctoral level to prepare professional nurses as nurse educators, public health nurses, or nurse specialists requiring advanced education.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 6 minority projects for \$1,819,073

FY 1998: 5 minority projects for \$1,195,477

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Nurse Pract/Nurse Midwifery
- **Background/History of the Program/Activity:** Title VIII PHS Section 822(a)
- **Purpose of the Program/Activity:**

Grants are awarded to eligible applicants to plan, develop, and operate, significantly expand, or maintain programs for the education of nurse practitioners and nurse-midwives so they will be qualified to effectively provide primary health care in settings such as homes, ambulatory care facilities and other health care institutions.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 9 minority projects for \$2,407,182
FY 1998: 8 minority projects for \$2,236,618
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Nursing Special Projects

- **Background/History of the Program/Activity:** Title VIII PHS Section 820

- **Purpose of the Program/Activity:**

Nursing funds are authorized for increasing the number of students enrolled in professional nursing programs, primary health care in non-institutional settings, continuing education for nurses in medically underserved communities and long-term care fellowships for certain paraprofessionals.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 8 minority projects for \$2,239,051

FY 1998: 1 minority project for \$ 183,246

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Nurse Anesthetist Traineeships
- **Background/History of the Program/Activity:** Title VIII PHS Section 831
- **Purpose of the Program/Activity:**

This program assists public and private nonprofit institutions to meet the costs of traineeships for licensed registered nurses to become nurse anesthetists.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 3 minority projects for \$105,993
FY 1998: 4 minority projects for \$ 90,739
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Nurse Anesthetist Education Programs

- **Background/History of the Program/Activity:** Title VIII PHS Section 831(a)

- **Purpose of the Program/Activity:**

Grants are awarded to public or private nonprofit institutions to meet the costs of projects to develop and operate, or maintain or expand programs designed to qualify registered nurses to become certified registered nurse anesthetists.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 2 minority projects for \$434,005

FY 1998: 1 minority projects for \$184,146

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Professional Nurse Traineeships
- **Background/History of the Program/Activity:** Title VIII PHS Section 830
- **Purpose of the Program/Activity:**

This program provides traineeships to nurses enrolled in advanced degree nursing programs. Traineeships are awarded to nurses who have completed basic nursing preparation, as defined by the school, through grants to public and nonprofit private entities providing masters and doctoral degree programs to educate nurses to practice as nurse practitioners, nurse midwives, nurse educators, public health nurses or in other clinical nursing specialties. Traineeships support tuition, fees, stipends and some pre-approved travel.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 31 minority projects for \$2,303,194
FY 1998: 22 minority projects for \$1,357,940
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Nurse Anesthetist Faculty Fellowship

- **Background/History of the Program/Activity:** Title VIII PHS Section 831(b)

- **Purpose of the Program/Activity:**

Grants are awarded to public or private nonprofit institutions to meet the costs of projects to develop and operate, or maintain or expand specialized training programs designed for nurse anesthetists.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: none

FY 1998: 1 minority project for \$7,910

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Exceptional Financial Need Scholarship Program
- **Background/History of the Program/Activity:** Title VII PHS Section 736
- **Purpose of the Program/Activity:**

This program provides financial support to full-time students of exceptional financial need attending schools of medicine, osteopathic medicine or dentistry. Recipients may receive tuition, fees and other reasonable educational expenses in return for a service obligation. Schools select the recipients.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 8 minority projects for \$586,957
FY 1998: 11 minority projects for \$712,717
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

Title of the Program or Activity: Financial Assistance for Disadvantaged Health Professions Students

Background/History of the Program/Activity: Title VII PHS Section 740(a)(2)(F)

Purpose of the Program/Activity:

This program provides financial assistance to full-time students from disadvantaged background who are of exceptional financial need and are pursuing a degree in medicine, osteopathic medicine or dentistry. Recipients may receive tuition, fees and other reasonable educational expenses. Schools select the recipients.

Target Population Served: African American, American Indian, Hispanic and other disadvantaged/minority populations

Number of People Served/Reached by Population Group:

Cost of the Program/Activity:

FY 1997: 4 minority projects for \$242,894

FY 1998: 8 minority projects for \$351,834

Expected or Reported Outcomes and/or Impact:

Bureau/Office Contact Person:

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Bureau of Health Professions

- **Title of the Program or Activity:** Health Professions Student Loan Program (including Primary Care)

- **Background/History of the Program/Activity:** Title VII PHS Section 723

- **Purpose of the Program/Activity:**

This program provides long-term, low interest loans to full-time financially needy students pursuing a degree in medicine, osteopathic medicine, dentistry, optometry, pharmacy, podiatric medicine, or veterinary medicine. Funds are made available to schools for the establishment of revolving student loan funds. Students of medicine and osteopathic medicine who obtain their first HPSL on or after 7/1/93, must agree to (a) enter and complete residency training in primary care and (b) practice in primary care for the life of the loan. Schools are responsible for selecting the recipients.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 6 minority projects for \$230,653

FY 1998: 6 minority projects for \$128,601

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Loan for Disadvantaged Students
- **Background/History of the Program/Activity:** Title VII PHS Section 724
- **Purpose of the Program/Activity:**

This program provides long-term, low-interest loans to full-time health professions students from disadvantaged backgrounds, who are in financial need and are pursuing a degree in medicine, osteopathic medicine, dentistry, optometry, podiatric medicine, pharmacy and veterinary medicine. Schools select the recipients.

- **Target Population Served:** African American, American Indian, Hispanic and other disadvantaged/minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 1 minority project for \$5,718
FY 1998: 2 minority projects for \$1,722
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Nurse Student Loan Program
- **Background/History of the Program/Activity:** Title VIII PHS Sections 835-842
- **Purpose of the Program/Activity:**

This program provides long-term, low-interest loans to full-time and half-time students pursuing a degree in nursing. Schools select the recipients.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 6 minority projects for \$42,501
FY 1998: 6 minority projects for \$90,564
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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Bureau of Health Professions

- **Title of the Program or Activity:** Scholarships for Disadvantaged Students

- **Background/History of the Program/Activity:** Title VII PHS Section 737

- **Purpose of the Program/Activity:**

This program provides financial assistance without service or financial obligation to full-time students from a disadvantaged background who are in financial need, and are pursuing a degree in medicine, osteopathic medicine, dentistry, optometry, pharmacy, podiatry, veterinary medicine, nursing, allied health and public health. Thirty percent of the funds must be used for nursing programs. Schools select the recipients.

- **Target Population Served:** African American, American Indian, Hispanic and other disadvantaged/minority populations

- **Number of People Served/Reached by Population Group:**

- **Cost of the Program/Activity:**

FY 1997: 61 minority projects for \$5,102,550

FY 1998: 78 minority projects for \$5,501,722

- **Expected or Reported Outcomes and/or Impact:**

- **Bureau/Office Contact Person:**

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Bureau of Health Professions

- **Title of the Program or Activity:** Health Education Assistance Loan
- **Background/History of the Program/Activity:** Title VII PHS Sections 701-719
- **Purpose of the Program/Activity:**

This program provides for a Federally insured loan for eligible graduate students in schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, pharmacy, podiatry, public health, chiropractic or in programs of health administration, clinical psychology, or allied health. Loans are used for tuition, fees, other reasonable educational and living expenses, and the HEAL insurance premium.

- **Target Population Served:** African American, American Indian, Hispanic and other minority populations
- **Number of People Served/Reached by Population Group:**
- **Cost of the Program/Activity:**
FY 1997: 14 minority projects for \$17,815,868
FY 1998: none (program ending and change in reporting requirements)
- **Expected or Reported Outcomes and/or Impact:**
- **Bureau/Office Contact Person:**
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BUREAU OF PRIMARY HEALTH CARE

**BUREAU OF PRIMARY HEALTH CARE
1999 MINORITY HEALTH REPORT TO CONGRESS**

Title of the Program or Activity: Community Health Center Program

Background/History of the Program/Activity: The Community Health Center (CHC) Program is a Federal grant program funded under Section 330 of the Public Health Service Act.

Purpose of the Program/Activity: CHCs provide family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities. CHCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population. They tailor services to the needs of the community. CHCs offer services that include primary and preventive care, outreach, and dental care, essential ancillary services such as laboratory tests, X-ray, environmental health, and pharmacy services as well as related services such as health education, transportation, translation, and prenatal services. CHCs provide links to welfare, Medicaid, substance abuse treatment, WIC, and related services, and facilitate the involvement of more than 350 CHCs in managed care contracts, including HMO primary care provider networks or State Medicaid managed care case manager networks.

Target Population Served: 7,909,793

Number of People Served/Reached by Population Group:

Asian American and Pacific Islander: 233,912	Hispanic: 2,444,198
African American: 2,050,131	White: 2,555,314
American Indian/Alaskan Native: 74,614	Unreported/Unknown: 333,988

Cost of the Program/Activity:

FY 1997: \$651.000 million

FY 1998: \$670.674 million

Expected or Reported Outcomes and/or Impact: CHCs are catalysts for economic development, generating jobs, assuring the presence of health professionals and facilities, and utilizing local services. In FY 1996, the CHC investment generated nearly \$3 billion in revenues for impoverished, underserved communities across the country. Measures of accomplishment follow:

- Administer grants to more than 650 community-based public and private nonprofit organizations that develop and operate CHCs, and in turn support 2,500 clinics.
- Support CHCs that serve more than seven million people yearly, of whom 66 percent live below the poverty level.
- CHCs demonstrate cost-effective responsiveness, empower underserved communities, and are credited with: reducing infant mortality rates, lowering hospital admission rates and

length of hospital stays for patients, lowering Medicaid patients' health costs, and providing care for specific conditions that meet or exceed protocols for the general population.

- Awarded \$18.2 million to 39-community health centers new start and expansion grantees to increase access to primary and preventive health care for approximately 160,000 under-served.
- Awarded \$1.3 million to 11 Integrated Delivery System grantees to improve the quality and reduce the cost of health care services for underserved, uninsured people.
- Developed process for implementing a new \$80 million Facilities and Managed Care Loan Guarantee authority. In conjunction with these programs, established a MOA with the National Cooperative Bank to develop a lending pool and to serve as the Lender Coordinator for the loan guarantee programs.

Bureau/Office Contact Person:

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Title of the Program or Activity: Migrant Health Center Program

Background/History of the Program/Activity: The Migrant Health Program is a Federal grant program funded under Section 330g of the Public Health Service Act

Purpose of the Program/Activity: Migrant Health Centers (MHC) provide migrant and seasonal farmworkers and their families' access to comprehensive medical care services with a culturally sensitive focus. Migrant farmworkers have some of this Nation's most severe health and social problems and are at greater risk than the general population because of poverty, malnutrition, infectious diseases, exposure to pesticides, and poor housing. MHC services include primary care, preventive health care, transportation, outreach, dental, pharmaceutical, and environmental health. MHCs use lay outreach workers, bilingual, bicultural health personnel, and culturally appropriate protocols developed by the Migrant Clinicians Network. MHCs provide prevention-oriented and children's services such as immunizations, well baby care, and developmental screenings.

Target Population Served: It is estimated there may be as many as 1.5 million migratory workers and 2.5 million seasonal workers. Migrant health activity levels relate to the length of time a migrant population is in a service area and their access to health resources; activity levels are reflected in year-round, seasonal, and temporary (4–6 months) migrant health service delivery models.

Number of People Served/Reached by Population Group: 600,000 per year, 50 per cent of which are Hispanic, 35 per cent African-American, and 15 per cent Asian, White, or "other."

Cost of the Program/Activity:

FY 1997	\$70.6 million
FY 1998	\$70.69 million

Expected or Reported Outcomes and/or Impact: The MHC program provides grants to more than 120 public and private nonprofit organizations that support the development and operation of about 390 MHCs, located in 35 States and Puerto Rico. Cooperative agreements with State agencies and with State and Regional Primary Care Associations augment MHC effectiveness by coordinating Federal and State primary care resources. Partnerships between MHCs and State and local health departments, Area Health Education Centers, hospitals, specialty and social service providers, and residency programs also enhance MHC success.

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Title of the Program or Activity: Health Care for the Homeless Program

Background/History of the Program: The Health Care for the Homeless Program was initially authorized under the Stewart B. McKinney Homeless Assistance Act of 1987. The intent of the Act was to provide funding for emergency food and shelter, education, and transitional and permanent housing, as well as to address the multitude of health problems faced by homeless individuals. Title VI of the McKinney Act added Section 340 to the Public Health Service Act, establishing the Health Care for Homeless (HCH) Program, the only Federal program with the sole responsibility of addressing the critical primary health care needs of homeless individuals. In 1996, the HCH Program was reauthorized under Section 330(h) of the Health Centers Consolidation Act, which amended the PHS Act by consolidating the HCH program with other community-based health programs.

Purpose of the Program/Activity: HCH grantees recognize the complex needs of homeless people and strive to provide a coordinated, comprehensive approach to the care they provide their homeless clients, in a way that welcomes them as patients. Specifically, HCH programs: provide primary care and substance abuse services at locations accessible to homeless people, provide around-the-clock access to emergency health services, refer homeless persons for necessary hospital services, refer homeless persons for needed mental health services unless these services are provided directly, provide outreach services to inform homeless individuals of the availability of services; and aid homeless individuals in establishing eligibility for housing assistance and services under entitlement programs.

Target Population Served: 426,466

Number of People Served/Reached by the Population Group:

Asian American and Pacific Islander	8,661	Hispanic:	68,227
African American:	179,333	White:	144,051
American Indian/Alaskan Native:	9,152	Unreported/Unknown:	17,043

Cost of the Program/Activity:

FY 1997	\$69.4 million
FY 1998	\$71.4 million

Expected or Reported Outcomes and/or Impact: The Health Care for the Homeless Program serves some of the neediest Americans, including persons living on the street, in shelters, and in transitional housing. More than 80 percent of clients had no financial resources. The majority of clients (71 percent) had no public or private health insurance. BPHC awarded grants to 128 community-based organizations in urban and rural areas, including community and migrant health centers, local health departments, and community coalitions. These grantees have expanded their service networks through arrangements with over 300 subcontractors. Collaborative efforts help ensure the adequacy and appropriateness of services provided to persons who are homeless. Collaborative linkages are also maintained at the Federal level with many national organizations, including: National Constituency Organizations: Health Care for the Homeless Clinician's Network,

National Alliance to End Homelessness, National Association of Community Health Centers, National Coalition for the Homeless, National Coalition of Homeless Veterans, National Health Care for the Homeless Council, National Law Center on Homelessness and Poverty and Federal Agencies: Department of Housing and Urban Development, Department of Veterans Affairs, Interagency Council for the Homeless, Substance Abuse and Mental Health Administration, DHHS.

Contact: Health Care for the Homeless Coordinator
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Title of Program or Activity: Public Housing Primary Care Program

Background/History of the Program/Activity: The Public Housing Primary Care (PHPC) Program is a Federal grant program created under the Disadvantaged Minority Health Improvement Act of 1990, which amended the Public Health Service Act to include Section 340A. The PHPC Program was reauthorized under the Health Centers Consolidation Act of 1996.

Purpose of the Program/Activity: The PHPC's purpose is to minimize barriers experienced by residents of public housing in accessing health services. The program improves the health status of residents by providing primary care in or near public housing developments. The program provides primary health care services, including health screening, health counseling, health education, preventive dental, prenatal and perinatal, preventive health, diagnostic and laboratory, patient case management services, and immunizations against disease. PHCPs refer residents, as appropriate, to qualified facilities and practitioners for other necessary services, including substance abuse and mental health services and conduct outreach services to inform residents about health services availability. PHCPs aid residents to establish eligibility for assistance under entitlement programs and to obtain government support for health, mental health, or social services, train and employ residents of public housing to provide health screenings and health education services, and emphasize HIV services for pregnant women and their infants, and violence prevention services.

Target Population Served: 46,247

Number of People Served by Population Group:

Asian Americans and Pacific Islanders: 3,135

African Americans: 23,307

American Indian/Alaskan Native: 23

Hispanic: 12,598

White: 5,430

Unreported/Unknown: 912

Cost of the Program/Activity:

FY 1997: \$9.8 million

FY 1998: \$10.1 million

Expected or Reported Outcomes and/or Impact: To improve the health status of the more than 40,000 clients that are served.

Contact: Program Director - 301/594-4430 / 301/594-2470 FAX
Bureau of Primary Health Care
4350 East-West Highway, 9th Floor
Bethesda, MD 20814

Title of the Program or Activity: National Health Service Corps Loan Repayment Program

Background/History of Program/Activity: The National Health Service Corps Loan Repayment Program (NHSC/LRP) is authorized by Section 338B of the Public Health Service Act [42 United States Code 2541-1], as amended November 16, 1990, by Public Law 101-597. The NHSC/LRP's implementing regulations are found at Title 42 Code of Federal Regulations Part 621, Subpart B.

Purpose of the Program/Activity: The NHSC Loan Repayment Program provides funds to repay loans incurred by health care professionals who agree to a 2-year commitment to provide primary health care services in priority health professional shortage areas (HPSAs). It provides up to \$50,000 for loan repayment for eligible program participants, allocates up to \$35,000 for loan repayments for each additional year of service for program participants meeting extension requirements, provides an additional 39 percent of the total loan repayments made during the taxable year involved for tax liabilities incurred and ensures program participants a competitive salary and benefits.

Target Population Served: 515 in FY 97 and 521 in FY 98

Number of People Served/Reached by Population Group:

	1997	1998		1997	1998
American Indian:	3	6	Hispanic:	49	46
Asian:	3	22	White:	334	345
African American:	96	100	Pacific Islander:	3	2

Cost of the Program/Activity:

FY 1997:\$36,351,890 for recruitment

FY 1998 \$34,711,600

Expected or Reported Outcomes and/or Impact: During Fiscal Year 1997, the NHSC/LRP: awarded 515 new contracts, increased the percentage of minorities receiving awards by 8.61 percent over the previous fiscal year, to 35.35 percent of all awards.

Contact: Division of Scholarships and Loan Repayments
Loan Repayment Programs Branch
Bureau of Primary Health Care
4350 East-West Highway, 10th Floor
800/435-6464 or 301/594-4400 301/594-4981 FAX
e-mail: feedback@hrsa.dhhs.gov
<http://www.bphc.hrsa.dhhs.gov>

Title of the Program/Activity: National Health Service Corps Scholarship Program

Background/History of the Program/Activity: The National Health Service Corps (NHSC), a component of the Health Resources and Services Administration, is charged with recruiting health care professionals for communities that lack access to primary health care. The NHSC Scholarship Program is authorized by Sections 331 through 338A and 338C through 338H of the Public Health Service Act (42 U.S. Code 254d-1 and 254m-q) as amended November 16, 1990 by Public Law 101-597. The NHSC Scholarship Program's implementing regulations are found at Title 42, Code of Federal Regulations, Parts 23 and 62.

Purpose of the Program/Activity: The NHSC Scholarship Program provides financial support to health professional students committed to increasing access to primary health care by serving part or all of their career in federally designated health professional shortage areas. The program underwrites the cost of training in approved primary care specialties by paying full tuition and fees for eligible participants, provides scholarship recipients with monthly stipends, allocates funds to offset other reasonable educational expenses, support access in underserved areas to physicians specializing in family medicine, general internal medicine, general pediatrics and obstetrics/gynecology. The program increases the number of family nurse practitioners, physician assistants, and nurse-midwives in health professional shortage areas.

Target Population Served: 326 in FY 1997 and 326 in FY 1998

Number of People Served/Reached by Population Group:

	1997	1998		1997	1998
American Indian:	0	2	White:	165	186
Asian:	16	23	Pacific Islander	1	0
African American:	91	61	Native Hawaiian:	0	0
Hispanic:	22	26	Unknown	31	28

Cost of the Program/Activity:

FY 1997	\$30,290,234
FY 1998	\$30,066,400

Expected or Reported Outcomes and/or Impact: In 1997, awarded 326 new scholarships. Implemented new interview protocol in order to assure the selection of dedicated, qualified, and culturally aware NHSC primary care providers. Streamlined the scholarship application process by scanning applications in-house. Decreased by 50 percent the number of applications distributed to medical schools and health professional programs with low numbers of applicants in an effort to ensure a more efficient distribution of application materials.

Contact: Scholarship Programs Branch
Bureau of Primary Health Care
301/594-4410; 301/594-4985 FAX

MATERNAL AND CHILD HEALTH BUREAU

**MATERNAL AND CHILD HEALTH BUREAU
1999 MINORITY HEALTH REPORT TO CONGRESS**

Title of the Program or Activity: The Maternal and Child Health Services Block Grant, Title V of the Social Security Act

Background/History of the Program/Activity: The Maternal and Child Health Bureau's (MCHB) principal statutory responsibility, the Maternal and Child Health Services Block Grant, was originally enacted in 1935 as Title V of the Social Security Act. The Bureau provides leadership to both the public and private sector to build the infrastructure for the delivery of health care services to all mothers and children in the Nation. A particular responsibility is serving those low-income or isolated, or minority populations who otherwise would have limited access to care.

Purpose of the Program/Activity: There are 59 States (and jurisdictions) that receive funds under the Maternal and Child Health Services Block Grant. Approximately 85 percent of the block grant funds are distributed to the States under a formula that takes into consideration the percent of the Nation's low-income children residing in each State. The Bureau also administers a program of discretionary grants, using 15 percent of the Block Grant appropriation, for special projects of regional and national significance (SPRANS). Among the activities funded as SPRANS are: Maternal and Child Health (MCH) Research, MCH Training, Genetic Disease Testing, Counseling, and Information Dissemination, Hemophilia Diagnostic and Treatment Centers, and Maternal and Child Health Improvement Projects.

Target Population Served: Low-income or isolated populations who otherwise would have limited access to care.

Cost of the Program/Activity:

FY 1997: \$681,000,000

FY 1998: \$681,790,000

Expected or Reported Outcomes and/or Impact: To improve the health of all mothers and children.

Bureau/Office Contact Person: Cleo hancock (301) 443-2778

Maternal and Child Health Bureau

Title of the Program or Activity: Special Projects of Regional and National Significance (SPRANS) - *The Maternal and Child Health Bureau training grants to Historically Black Medical Colleges/Schools*

Background/History of the Program/Activity: The Maternal and Child Health Bureau has awarded training grants to four historically Black Medical Colleges/Schools (Meharry, Morehouse, Howard, and Charles R. Drew) to support graduate medical education in Obstetrics/Gynecology, Pediatrics, and Family Practice. These training grants enhance the education of medical residents and fellows in specialized areas relevant to maternal and child health by providing quality and comprehensive family-centered primary care in community-based settings, especially serving at risk minorities.

Purpose of the Program/Activity: The MCHB continues to sponsor projects promoting the health and developmental integrity of African American males, children and their families. In addition, guidance material for use by State agencies and others in the public and private sectors have been developed to assure that services and systems of care for children with special health needs are consistent with the needs of culturally diverse population groups.

Target Population Served: Low-income or isolated populations who otherwise would have limited access to care.

Cost of the Program/Activity:

FY 1997: \$1,007,124

FY 1998: \$1,500,000

Expected or Reported Outcomes and/or Impact: In addition to physician education, these training grants are expected to strengthen educational development as well as improve and increase primary care services for unserved and under served families and children, with emphasis on the special needs of African American children and families .

Bureau/Office Contact Person: Cleo hancock (301) 443-2778

Maternal and Child Health Bureau

Title of the Program or Activity: Special Projects of Regional and National Significance (SPRANS) - *Training activities for Asian American and Pacific Islanders*

Background/History of the Program/Activity: The Bureau administers a program of discretionary grants, for special projects of regional and national significance (SPRANS). Among the activities funded as SPRANS are: Maternal and Child Health (MCH) Research, MCH Training, Genetic Disease Testing, Counseling, and Information Dissemination, Hemophilia Diagnostic and Treatment Centers, and Maternal and Child Health Improvement Projects.

Purpose of the Program/Activity: Several of the SPRANS focus specifically on the AAIP population in areas (to name a few) such as: Emergency Medical Services for Children; Strengthening Genetics in Primary Care; Strategic development of effective health service system infrastructure and capacity; Reducing the disproportionately high rates of infant mortality.

Target Population Served: AAPI communities

Expected or Reported Outcomes and/or Impact: To extend services to culturally diverse populations who are not a part of the comprehensive care network.

Bureau/Office Contact Person: Cleo hancock (301) 443-2778

Maternal and Child Health Bureau

Title of the Program or Activity: Special Projects of Regional and National Significance (SPRANS) - *The Maternal and Child Health Training Activities for Hispanics*

Background/History of the Program/Activity: Through grants to institutions of higher learning, MCHB funds 12 categories of training projects. Training is focused primarily on long-term trainees at the graduate and post-graduate levels and is intended to accomplish the dual objectives of developing high levels of clinical skills and competence as well as leadership attributes that extend beyond such skills and acumen. In addition to long-term training, all funded projects are expected to provide professional consultation and technical assistance to State and local health agencies; provide continuing education activities for the MCH and related practice communities; and influence changes in academia through the inclusion of curricula of additional content relative to MCH issues and problems.

Purpose of the Program/Activity: To expand the number of HSIs/HSHPs students/faculty involved in maternal and child health medical education training and in providing short term, non-degree related training of health professionals.

Target Population Served: Hispanics

Cost of the Program/Activity:

FY 1997: \$1.2mil

FY 1998: \$1.7mil

Expected or Reported Outcomes and/or Impact: An increase in the numbers of persons from culturally diverse populations who will seek careers in maternal and child health professions.

Bureau/Office Contact Person: Cleo hancock (301) 443-2778

Maternal and Child Health Bureau

Title of the Program or Activity: Emergency Medical Services for Children

Background/History of the Program/Activity: Saving the lives of children in medical emergencies requires specialized equipment and specially trained personnel. Children are not just like small adults. Significant physiological and psychological differences must be taken into account in treating medical emergencies in children.

Congress recognized the special needs of children when it authorized the Emergency Medical Services for Children (EMSC) program in 1985. Prompt emergency transportation and medical services that could reduce death and disability of children were not available. Not all health professionals were adequately trained to care for these infants and children. Special pediatric equipment was not available.

Saving children also requires attention to injury prevention since injury is the greatest killer of children after their first birthdays. The death rate of children from trauma is almost twice that of adults. The Maternal and Child Health Bureau has made a significant commitment to reducing the incidence of childhood injuries. MCHB, in collaboration with the National Highway Traffic Safety Administration, has also supported the development, through EMSC, of programs that can effectively cope with childhood injuries and acute illnesses.

Purpose of the Program/Activity: The EMSC program is designed to ensure that all children and adolescents, no matter where they live or where they travel, can receive appropriate care in a health emergency.

Target Population Served: All children and adolescents

Cost of the Program/Activity:

FY 1997: \$12,493,000

FY 1998: \$12,941,000

Expected or Reported Outcomes and/or Impact: It seeks to improve all aspects of children's acute emergency medical care, including prehospital care, emergency department care, hospital care, and rehabilitation, and it seeks to prevent such emergencies from occurring.

Bureau/Office Contact Person: Mark Nehring (301) 443-3449

Maternal and Child Health Bureau

Title of the Program or Activity: Abstinence Education Grant Program

Background/History of the Program/Activity: Section 510 of the Social Security Act, created under Section 912 of the 1996 Welfare Reform law, established a new categorical program of grants to States for abstinence education. The program is administered by the Maternal and Child Health Bureau (MCHB).

The law provides for a mandatory annual appropriation of \$50 million for each fiscal year (FY) 1998 through 2002. Grants are awarded to States based on a statutory formula determined by the proportion that the number of low income children in the state bears to the total number of low income children for all States. Fifty-three States and territories were funded in the first year of the program (FY 1998). Fifty-two States and territories received Abstinence Education Grant funding in FY 1999.

Purpose of the Program/Activity: The purpose of the Abstinence Education Grant program is to enable States to support abstinence education and, at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups most likely to bear children out-of-wedlock. Because of funding limitations, States are not required to place equal emphasis on each of the eight elements of the statutory definition of abstinence education. However, a project may not be inconsistent with any element of the abstinence education definition.

Target Population Served: The program focuses on those groups which are most likely to bear children out-of-wedlock.

Cost of Program Activity:

FY 1998: \$50,000,000

FY 1999: \$50,000,000

Expected or Reported Outcomes and/or Impact: The Abstinence Education Grant is one part of the January 1997 National Strategy to Prevent Teen Pregnancy that addresses premature sexual activity among boys and girls. Teen pregnancy impacts the teenager, the child, the family and the community. The Abstinence Education Grant program is a way to strengthen teen pregnancy prevention and find better solutions to help young people postpone sexual activity, stay in school, and prepare to work.

State have primary responsibility for developing and implementing programs that respond to their unique priority needs. States report on their progress toward meeting four National and two State performance measures in annual reports they submit to MCHB.

Bureau/Office Contact Person: Michele Lawler (301) 443-2204

Maternal and Child Health Bureau

Title of the Program or Activity: The Healthy Start Initiative

Background/History of the Program/Activity: Established as a demonstration program in 1991, the initiative is based on the premise that community-driven strategies are needed to attack the causes of infant mortality and low birth weight, especially among high risk populations. Healthy Start Initiative (HSI) concentrates on the provision of community-based, culturally sensitive, family-centered, comprehensive perinatal services to women, infants, and their families in communities with extremely high rates of infant mortality and focuses on the integration of these services into existing systems of perinatal care. A unique hallmark of the Initiative is the development and mobilization of strong coalitions of consumers, local and State governments, the private sector, schools, providers and neighborhood organizations to address the causes of infant mortality.

During its Demonstration Phase (Phase I) which ended in 1997, there were 22 HSI demonstration projects in predominately minority communities that developed and implemented unique community-based strategies. Nine categories of infant mortality reduction strategies emerged from Phase I: Community-Based Consortium; Care Coordination/Case Management; Outreach and Client Recruitment; Family Resource Centers; Enhanced Clinical Services; Risk Prevention and Reduction; Facilitating Services; Training and Education; and Adolescent Programs.

In 1997, HSI-Phase II initiated support to 40 additional communities seeking to adapt successful Healthy Start strategies. This phase has also awarded limited funds for infrastructure building and program planning at the community level to assess a community's needs, resources and capability to adapt Healthy Start models via peer mentoring. In 1998, 13 more communities were funded to adapt success interventions and two new grantees were identified in communities initially served during the demonstration phase bringing the total to 55 new communities. Through a separate, limited competition in 1997, 20 of the 22 HSI projects from Phase I were provided with grant funding for (1) continued support of successful strategies and interventions; and (2) peer mentoring of new Healthy Start communities and health care providers, including managed care organizations. A National Resource Center has also been established to support mentoring and dissemination activities.

Purpose of the Program/Activity: The purpose of the HSI-Phase II is to operationalize successful infant mortality reduction strategies developed during the demonstration phase and to launch Healthy Start projects in new rural and urban communities in conjunction with individual programs already underway. The mission for each of the 75 communities is to: implement innovative community-based interventions to support and improve perinatal delivery systems; improve the access, quality, and continuity of care for participants; and provide strong linkages with the local and State perinatal system.

Target Population Served: Services to infants, pregnant and parenting women, women of childbearing age, and their families.

Cost of the Program/Activity:

FY 1997: \$95,982,000

FY 1998: \$95,526,000

Expected or Reported Outcomes and/or Impact: The preliminary findings from the national evaluation of ten of the fifteen original Healthy Start communities funded in 1991 indicate that one community had a statistically significant reduction in infant mortality; two had significantly reduced low birth weights; and four had significant reductions in preterm births. For African Americans, which represented more than 88% of the women participating, the infant mortality rate was reduced from 19.1 (1989-1991) to 14.4 (1995) infant deaths per thousand live births for participants in Healthy Start programs compared to 18.1 to 15.1 in the comparison communities. Nationally the rate for Blacks declined from 17.1 to 14.5 during the same period.

Bureau/Office Contact Person: Maribeth Badura (301) 443-0543

HIV/AIDS BUREAU

HIV/AIDS BUREAU
1999 MINORITY HEALTH REPORT TO CONGRESS

Title of the Program or Activity: **TITLES I AND II PROGRAMS**

Background/History of the Program/Activity: The Health Resources and Services Administration (HRSA) in accordance with the requirements of section 2674(b)(4) of Title XXVI of the Public Health Service (PHS) Act, as amended by Public Law (P.L.) 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and P.L. 104-146, the Ryan White CARE Act Amendments of 1996 provides assistance to States, local communities, and providers to improve the quality and availability of care for individuals and families living with HIV disease/AIDS through seven programs administered by HRSA.

Purpose of the Program/Activity: The Title I Program provides funds to eligible metropolitan areas (EMAs) that are disproportionately affected by the HIV epidemic through two types of grants: formula and supplemental. Grants are used for community-based outpatient health and support services for persons living with HIV and their families. These services may include comprehensive medical care, prescription drugs, mental health and substance abuse treatment and counseling, case-management, nutrition programs, home care, hospice care and a variety of supportive services designed to enable access to and retention in primary health care. Grants may also be used to provide inpatient case management for HIV patients to prevent unnecessary hospitalization or to expedite hospital discharge.

When the first Title I grants were awarded in FY 1991, 16 EMAs were identified; in FY 1997, there were 49 EMAs in 19 States, Puerto Rico, and the District of Columbia. EMAs received \$413 million in Title I formula and supplemental funds in FY 1997. In the years FY 1991-1997, more than \$2.5 billion in Title I grants has been awarded.

The Title II Program provides formula grants to States and Territories, the District of Columbia, and Commonwealth of Puerto Rico to provide health care and support services for people living with HIV. Grants may be used to create and operate HIV care consortia that plan, develop, and deliver comprehensive outpatient health care and support services for people living with AIDS and HIV. States may also use grant funds for home and community-based care services, to provide a continuum of health insurance coverage for people with HIV/AIDS, to provide treatments through a State AIDS Drug Assistance Program (ADAP) that prolong life or prevent serious health deterioration for those with HIV disease, and to support a variety of directly-funded health and support services. Under Title II, in addition to a base award determined by formula, States receive earmarked funds to support ADAP. ADAPs provide medications to low-income individuals with HIV disease who have limited or no coverage from private or public insurance. States also may use part of their Title II base funds for ADAP. 54 Title II grantees received \$398 million in funds in FY 1997; \$231 million in the base award and \$167 million in AIDS Drug Assistance Program (ADAP) funds. In the years FY 1991-1997, more than \$1.2 billion in Title II grants has been awarded.

Target Population Served: Organizations receiving funds under Title I and II of the Ryan White CARE Act are required to submit Annual Administrative reports (AARs) to provide information on the numbers and demographic characteristics of clients served, the volume of service delivered, and characteristics of organizations providing services. The reporting period is the calendar year. During FY 1997, data from calendar year 1996 was submitted to HRSA and was reviewed for completeness and accuracy. Summary analysis of the 1996 data is presented below. Client numbers are also given for the AIDS Drug Assistance Program (ADAP) and the Health Insurance Continuation Program (HICP), both of which are administered under Title II.

Program	Duplicated Client Counts
Title I	635,940
Title II	337,840
ADAP*	78,750
HICP*	6,080

* Client duplication is minimal.

Number of People Served/Reached by Population Group:

Client Demographics

	Male	Female	White	Black	Hispanic	Asian/ Pacific Islander	American Indian	Unknown/ Missing
Title I	68.5%	30.3%	32.5%	39.7%	21.9%	1.8%	0.8%	3.4%
Title II	72.4%	26.3%	39.1%	36.3%	20.4%	0.7%	0.6%	3.0%
ADAP	79.0%	17.9%	40.5%	28.1%	24.7%	1.4%	0.5%	4.8%
HICP	90.1%	8.9%	72.0%	11.0%	11.8%	0.8%	0.5%	1.6%

Source note: data on clients served are drawn from the final Annual Administrative Report 1996 National Data Tables.

Expected or Reported Outcomes and/or Impact: Evaluation activities in 1997 and results released in FY 1997 from previously funded evaluations focused on projects that would result in products and findings that would be immediately and practically useful to grantees in successfully implementing legislative mandates and essential requirements. These efforts included:

1. Rural supplement to the Agency for Health Care Policy and Research (AHCPR) HIV Cost and Service Utilization Study.
The initial rural sampling for this national study of people in care for HIV yielded fewer than anticipated clients per provider; additional funding supported a second rural sampling to provide data sufficient for meaningful analyses.
2. Health Research Network study of access to antiretroviral therapy.
HRN collects data for CDC on clients in some 44 HIV clinics across the country. Funding provided for analyses to compare client demographics and drug access at clinics with and without Ryan White support.
3. HIV Capitation Risk Adjustment Conference.
This national conference invited participants representing consumer advocates, providers, HMOs, state Medicaid and health department programs, health services researchers, and federal agencies to discuss issues around risk adjustment of Medicaid capitation rates for HIV.
4. Local Evaluation (Sentinel) Studies.
Title I and II grantees applied for contracts awarded competitively to conduct studies on aspects of the CARE Act. Six contracts were awarded, three (in New York City; Maryland; and Orange County, California) for studies examining aspects of the effects of Medicaid managed care on CARE Act programs; two (in California and Virginia) to design and test instruments to evaluate the performance of Title II care consortia; and one (in Washington State) to document outcomes relating to CARE Act expenditures, specifically, in Washington, ADAP expenditures.
5. Program Evaluation Monograph Series.
These monographs are intended to provide CARE Act grantees with resources for developing and conducting local evaluations. The first in the series is "Choosing and Using an External Evaluator;" others address such issues as cost and outcome evaluation, case management, and performance-based contracting.
6. Development of Estimates of Unduplicated AAR Client Counts.
This study compares AAR with client-level data to estimate the likelihood of duplicated client and service counts to arrive at unduplicated counts.
7. An ongoing longitudinal study, carried out in collaboration with the National Institute on Drug Abuse, evaluated the impact of Title I funds on the availability of HIV-related services to active/recovering drug users in seven eligible metropolitan areas (EMAs) that received funds for the first time in FY 1993, 1994, or 1995 -- Denver, Detroit, New Haven, New Orleans, St. Louis, Bergen-Passaic, and West Palm Beach. Publications from this evaluation, containing analyses of changes in service access and availability over the three year study period, was disseminated in 1997.

Bureau/Office Contact Person:	Division of Service Systems
Name:	Douglas Morgan
Title:	Director
Telephone:	301 443-6745

HIV/AIDS Bureau Minority Health Activities

Title of the Program or Activity: TITLE III PROGRAM

Background/History of the Program/Activity: The Health Resources and Services Administration (HRSA) in accordance with the requirements of section 2674(b)(4) of Title XXVI of the Public Health Service (PHS) Act, as amended by Public Law (P.L.) 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and P.L. 104-146, the Ryan White CARE Act Amendments of 1996 provides assistance to States, local communities, and providers to improve the quality and availability of care for individuals and families living with HIV disease/AIDS through seven programs administered by HRSA. The programs include:

Purpose of the Program/Activity: The purpose of the Title III Program is to improve the availability and quality of early intervention diagnostic and clinical services for persons with, or at high risk for, HIV infection. The objective of the program is to maximize access to comprehensive and continuing clinical and supportive care for populations that have been disproportionately affected by the AIDS epidemic. As of the end of FY 1997, there were 166 ongoing local programs supported by Title III through competitive grants.

Local Title III programs provide a continuum of HIV-related services, including risk reduction counseling and partner involvement in risk reduction, education to prevent transmission, antibody testing, appropriate medical evaluation, and clinical care for persons testing HIV positive. The services provided for HIV-infected clients include antiretroviral therapies, prophylaxis against opportunistic infections, standard and investigational therapies for clinical manifestations of HIV infection, including opportunistic infections and malignancies, and on-going medical, oral health, nutritional, psychosocial, and ancillary care. Case management is an important component of assuring access to services and continuity of care. The HIV early intervention programs address the concurrent conditions that occur so frequently with HIV infection; these include the critical problems of substance abuse and the increasing rates of tuberculosis infection.

Target Population Served: Data for calendar year 1996 was submitted from 145 ongoing local programs in 1996. These Title III-supported programs provided the following early intervention services:

- counseling and HIV antibody testing to approximately 299,969 clients
- comprehensive primary health services to approximately 85,000 HIV-positive patients, including about 800 pregnant women
- referrals for specialty health services to approximately 29,000 patients living with HIV
- outreach to approximately 721,345 persons at risk for HIV
- case management and eligibility assistance services to approximately 79,000 people

Thirty-seven percent of the new HIV-positive adult and adolescent patients first entering into primary care had severe immune system impairment and advanced HIV disease with CD 4 T-cells less than 200, while 13 percent of new pediatric HIV patients presented with advanced illness. This is indicative of the delay that currently exists in gaining access to needed services for many with HIV infection or AIDS in the vulnerable populations served by the Title III programs.

In 1996, Title III grantees reported a total of 992 HIV positive patients in primary health care with active tuberculosis (TB). This represents 1.2. percent of the total active HIV positive caseload for all Title III grantees in 1996. Of these active TB cases, 412 (41.5 percent), were newly active and 193 patients (19.5 percent), were diagnosed definitively or presumptively with multi-drug resistant tuberculosis (MDR-TB).

Number of People Served/Reached by Population Group:

Demographic Characteristics of HIV+ Patients Receiving Comprehensive Primary Health Care in Title III-Supported Programs

Gender		Age		Race/Ethnicity	
Male	73%	≤ 12 years	2%	Black (not Hispanic)	39.3%
Female	27%	13 - 19 years	1%	White (not Hispanic)	33.7%
		20 - 29 years	19%	Hispanic	23.8%
		30 - 39 years	44%	Asian or Pacific Islander	0.8%
		40 - 49 years	26%	American Indian or Alaskan Native	0.5%
		≥ 50 years	8%		

Expected or Reported Outcomes and/or Impact:

Assessment of HIV Counseling and Testing Services for Women of Childbearing Age

The Title III program has contracted for an assessment of the current HIV Counseling and Testing (HIV C&T) services delivered to women of childbearing age, including pregnant women, in programs funded by HRSA. A randomized, stratified sample of 200 BPHC-funded programs were selected for the assessment. HRSA-funded programs included in this activity are Community and Migrant Health Centers, and Health Care for the Homeless, Health Care for Residents of Public Housing, Healthy Schools/Healthy Communities, Ryan White Title III, and Native Hawaiian programs.

The assessment examined: 1) the number of women of childbearing age and pregnant women who receive HIV C&T services through HRSA-funded programs; 2) how HRSA-funded programs are currently providing HIV C&T services to women of childbearing age and pregnant women; and 3) any barriers or problems that HRSA programs encounter in the delivery of these services. The assessment results will be used to develop appropriate policies and to effectively target resources that will assist its funded programs with the delivery of HIV C&T services to women of childbearing age and pregnant women.

Managed Care

With the increasing enrollment of people with HIV disease into Medicaid managed care plans, there is a pressing need for information by both the managed care industry and by HIV programs, including those funded by the PHS Act. Managed care organizations (MCOs) need information on how to meet all the health and social service needs of people with HIV disease. Community-based organizations (CBOs) that have traditionally operated under fee-for-service systems need assistance with their transition to managed care.

Sufficient payments must be provided from State Medicaid Programs to MCOs (and then from MCOs to CBOs) which reflect the true costs of caring for clients with HIV disease. There is concern in the AIDS advocacy community that many MCOs are not receiving sufficient payments (or "enhanced rates") for their HIV positive members, which may force them to restrict necessary HIV services in order to save costs. Advocates are also concerned that CBOs are not receiving appropriate payments, which puts their survival in jeopardy.

CBOs will require assistance in identifying their true HIV service costs. Federal and state governments will need to ensure that both MCOs and CBOs receive sufficient payments for their HIV services.

Costs of Combination Therapies and Associated Monitoring Tests

With the advent of new treatments and therapies for treating HIV disease, clinical providers in the currently funded Ryan White Title III Early Intervention Services programs are reporting that they must spend more time per patient in order to provide high quality clinical care. The costs of these new therapies have increased the cost per client. Also, the success of the new treatments has increased the longevity of patients.

Bureau/Office Contact Person:	Division of Community Based Programs
Name:	Deborah Parham
Title:	Director
Telephone:	301 443-0493

HIV/AIDS Bureau Minority Health Activities

Title of the Program or Activity: TITLE IV PROGRAM

Background/History of the Program/Activity: The Health Resources and Services Administration (HRSA) in accordance with the requirements of section 2674(b)(4) of Title XXVI of the Public Health Service (PHS) Act, as amended by Public Law (P.L.) 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and P.L. 104-146, the Ryan White CARE Act Amendments of 1996 provides assistance to States, local communities, and providers to improve the quality and availability of care for individuals and families living with HIV disease/AIDS through seven programs administered by HRSA.

Purpose of the Program/Activity: In 1997 a total of 59 local and statewide projects were funded through grants by the Title IV Program, including 44 comprehensive care programs to increase client access to care and to research. Other awards included seven projects under the Women's Initiative for HIV Care and Reduction of Perinatal HIV Transmission (WIN), two planning and initial development grants and six clinical sites that are part of an adolescent research network coordinated by the National Institute on Child Health and Human Development. Title IV projects were located in 24 States, the District of Columbia, and Puerto Rico and provided services to over 80 communities. In addition, two National Resource centers were funded to provide training and technical assistance to Title IV grantees, HIV affected persons, and other programs nationally that serve HIV-affected populations. In 1997, a total of \$34.4 million was allocated to support these projects.

Target Population Served: The following is a demographic summary of clients served by Title IV projects in 1996. The data were aggregated from information provided by 43 comprehensive care Title IV projects in their 1996 data reporting forms, submitted in Spring of 1997. These data represent those served by 43 projects in 23 States, the District of Columbia and Puerto Rico. An estimated 34,614 enrolled clients were served in 1996 which represents an increase of more than 50 percent from the end of 1995. Of the 34,614 clients served, 13 percent were infants, 27 percent were children, 10 percent were adolescents (age 13-19), 6 percent were young adults (ages 20-24) and 24 percent were adult women. Pregnant youth and women, representing 10 percent of clients, includes all pregnant youth and women, irrespective of age. In addition, tens of thousands of individuals received education and prevention services during 1996.

Number of People Served/Reached by Population Group: New enrollment in Title IV projects accounts for about one-third of total enrollment each year. The distribution of clients served is clearly shifting toward greater proportions of adolescents, young adults and women, as Title IV projects successfully reach populations most affected by the HIV epidemic. The number of infants and children continue to increase each year, while proportions of adolescents, young adults and pregnant women served are increasing rapidly.

Local Title IV programs have successfully enrolled minority populations that are traditionally underserved. Approximately 80 percent of enrolled adolescent and adult clients were Black or Hispanic/Latino. This percentage is even higher among enrolled infants and children. The number of black clients increased by nearly 50% from 1995 to 1996. The distribution reflects the current racial/ethnic composition of the AIDS epidemic among women, children, and adolescents in the US, which points to the success of Title IV projects in reaching underserved populations most impacted by HIV and AIDS.

Demographic Characteristics of Patients Receiving Care in Title IV Supported Programs

	Infants	Children (2-12)	Adolesc. Males (13-24)	Adolesc. Females (13-24)	Pregnant Women (<20 to 25+)	Mothers (<20 to 25+)	Other Women	Other Men
White	429	351	437	246	293	603	599	514
Black	2,921	5,391	733	1282	1066	2669	2050	851
Hisp/Latin	966	2,823	642	536	1,602	1,631	795	1161
Asian/PI	9	22	43	36	233	79	44	64
Other	73	146	15	7	13	19	13	12
Unknown	328	228	100	174	225	621	359	40
Total	4,697	9,836	1,970	2,281	3,432	5,572	3,860	2,706

*Source note: These data on race and ethnicity came from 1996 Title IV data reporting tables submitted by 43 of the grantees. The total number of enrolled HIV infected/noninfected clients for this table is 34,784.

Expected or Reported Outcomes and/or Impact:

Women's Initiative for HIV Care (WIN)

Preliminary WIN data from 1997 client interviews and 1996 provider interviews documented some key points. Pilot interviews with WIN providers indicate that 87% of public and 90% of private providers offer HIV testing to all of their female clients. Almost half of the providers said they had a testing acceptance rate over 90%. The acceptance rate for ZDV prophylaxis has also been very high: 92% for prenatal (prior to delivery) use; 95% for intrapartum (during delivery) use; and 94% for the neonatal (first month after birth) period. Of the providers surveyed, 62% report over 90% acceptance of ZDV when it is offered. Among all providers interviewed, the most important factors affecting the ability to offer HIV counseling and testing were the availability of education materials, staffing levels, directive laws about HIV counseling and testing, and referral options.

Nearly three-quarters of the clients, all of whom were pregnant and HIV-infected, felt that the information presented during HIV counseling sessions was clear. The five most needed medical and support services identified by WIN participants included: prescription services; help with money, food and clothing; transportation; housing; and dental care.

Outcomes Studies

Since 1993, grantees in the Ryan White CARE Act Title IV program of Comprehensive Services and Access to Clinical Trials for Children, Youth, Women and Families have voluntarily submitted data to the Title IV program for purposes of reporting and evaluation. Data collected in the past provided important information on client characteristics, services provided, service providers in the network, and linkages to clinical trials. However, staff of the Comprehensive Family Services Branch (CFSB), and the Title IV grantees have recognized the need for more uniform information on program outcomes.

Specifically, CFSB staff and the grantees have begun working on developing three outcome studies and a typology of Title IV projects, with workgroups meeting regularly, through conference calls, to develop study designs and questions. Three study topics have been identified: perinatal transmission of HIV; developmental issues in pediatric HIV/AIDS patients; and, medical outcomes of adults and children with HIV/AIDS. Grantee participation in these studies will be voluntary. It is expected that approximately 15 grantees will participate in each of the three studies.

Implementation of Section 2671 Research-Related Requirements

HRSA has initiated a process for developing of a list of priority research that is updated quarterly through the following activities: (1)HRSA is planning the formation of the Secretary's Consultants Research Panel that represents consumers, providers, researchers, administrators, pharmaceutical industry and national advocacy groups for purposes of orientating them to their role of reviewing and commenting on proposed research proposals; (2) HRSA will be conducting an ongoing rolling review process via conference calls of teams of consultants to review protocols as needed; and (3) HRSA has developed a system of maintenance and updating of the Secretary's priority list.

Bureau/Office Contact Person:	Division of Community Based Programs
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Title:	Director
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HIV/AIDS Bureau Minority Health Activities

Title of the Program or Activity: Special Projects of National Significance

Background/History: The Health Resources and Services Administration (HRSA) in accordance with the requirements of section 2674(b)(4) of Title XXVI of the Public Health Service (PHS) Act, as amended by Public Law (P.L.) 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and P.L. 104-146, the Ryan White CARE Act Amendments of 1996 provides assistance to States, local communities, and providers to improve the quality and availability of care for individuals and families living with HIV disease/AIDS through seven programs administered by HRSA.

Purpose of the Program/Activity: In FY 1997, the SPNS Program funded 62 grantees to implement and evaluate innovative models of HIV service delivery and to disseminate and refine effective models. Projects covered the following areas: adolescent care; primary care service delivery (including capitated reimbursement and managed care); reduction of cultural, linguistic, and/or organizational barriers to care; and provider training and educational models in various health settings.

Target Population Served: In FY 1997, the SPNS Program funded new projects in two areas, bringing the total number of funded grantees up to 62. The first area focuses on young people with HIV or at high risk for HIV. Three projects were funded to focus specifically on this population. The second area focuses on the development of integrated service delivery models. Some projects in this latter category focus on people with HIV/AIDS who are homeless and who have alcohol and/or substance abuse problems. Fifteen projects were funded to focus on a variety of complex needs. In addition, the SPNS Program also funded an evaluation technical assistance center to work with all of the grantees funded under the two initiatives described above in the development of a national cross cutting evaluation.

Also, the SPNS Program has a longstanding commitment to the development of HIV/AIDS service models for Native Americans and has funded a Native American focused grantee in each year since the program's inception. A competition focusing on the development of service delivery models for Native American communities was held in FY 1997, with grants awarded to American Indian Health and Services, Chugachmiut, and the National Native American AIDS Prevention Centers.

Number of People Served/Reached by Population Group:

It is estimated that as many as 30,000 individuals received individual clinical services from these SPNS Program projects during FY 1997.

Expected or Reported Outcomes and/or Impact:

Project (Start & End Dates)	Member Projects	Goals	Lessons Learned
SPNS Cooperative Agreement Capitated Care Work Group of 5 Projects (10/94 - 9/99)	AIDS Health Care Foundation East Boston Neighborhood Health Center Johns Hopkins University School of Medicine New York State Department of Health /Health Research Visiting Nurse Foundation of Los Angeles	Document clients who receive capitated care services and the circumstances under which services are provided. Determine quality of services and quality of life in capitated care services. Compare the cost of services, the quality of services, and quality of life between capitated care and fee- for-service models of care.	Preliminary findings at several sites suggest that at least the same quality of care can be provided under capitated care funding for the same or a low per person cost. Common reporting systems can be used up for different medical providers thus allowing cross-site pooling of data.
SPNS Cooperative Agreement Community Based Organization Work Group of 6 Projects (10/94 - 9/99)	Fortune Society Haitian Community AIDS Outreach Project/CCHER Larkin Street Services Outreach, Inc. PROTOTYPES Well-Being Institute	Document clients who receive CBO services and the circumstances under which services are provided. Determine quality of services and quality of life. Compare the ability of the CBO models to cut barriers to obtaining needed health and other services and document the changes in quality of care and quality of life.	Common barriers to enrolling individuals who are traditionally disenfranchised are encountered at the various sites. Common strategies of one-stop shopping models and case management are effective ways of overcoming barriers. A key element in the programs is developing culturally appropriate services designed to address specifically the barriers for specific groups. Common reporting systems can be set up for different community based organizations thus allowing cross-site pooling of data.

Project (Start & End Dates)	Member Projects	Goals	Lessons Learned
SPNS Cooperative Agreement Comprehensive Health Care Work Group of 3 Projects (10/94 - 9/99)	University of Nevada School of Medicine University of Vermont & State Agricultural College Washington University	<p>Document clients who receive comprehensive medical services and the circumstances under which services are provided.</p> <p>Determine quality of services and quality of life in comprehensive Health care model services.</p> <p>Compare the ability of the comprehensive Health care models to cut barriers to obtaining needed health and other services, provide services directly, and the resulting changes in quality of care and quality of life.</p> <p>Assess special features added to the services continuum by each project.</p>	<p>Preliminary findings at several sites suggest that innovative medical components including nutrition assessment, one-stop shopping, and intensive medical case management serve to enhance the overall quality of care.</p> <p>Common reporting systems can be set up for different medical providers thus allowing cross-site pooling of data.</p>
SPNS Cooperative Agreement Infrastructure-Advocacy Work group of 8 Projects (10/94 - 9/99)	Center for Women Policy Studies Health Initiatives for Youth Hektoen Institute for Medical Research/Cook County HIV Primary Care Center Indiana Community AIDS Action Network Michigan Protection and Advocacy Program Missouri Department of Health State University of New York-Health Science Center at Brooklyn University of Texas Health Science Center at San Antonio	<p>Document baseline and continuing community needs for integrated service models through periodic needs assessments.</p> <p>Document organizational development activities and their impact.</p> <p>Document services provided to individuals and individual agencies (training, technical assistance) in order change area service systems.</p> <p>Perform baseline and repeated assessments of individuals who participate in training and technical assistance to assess impact of these activities.</p> <p>Perform baseline and repeated assessments of area service agencies to measure change.</p>	<p>Projects attempting to change services infrastructures of various types (HIV testing services for women, services for youth, services for women with HIV and their children, general medical services for women with HIV) have similar barriers to be in effect and have evolved similar strategies for eliminating these institutional barriers.</p> <p>Organizational development methods are a key element in infrastructure change.</p> <p>Training and technical assistance methods can be enhanced through the active participation of consumers in the training efforts.</p>

Project (Start & End Dates)	Member Projects	Goals	Lessons Learned
SPNS Cooperative Agreement Training Work Group of 5 Projects (10/94 - 9/99)	Emory University Interamerican College of Physicians & Surgeons University of Colorado Health Sciences Center University of Mississippi Medical Center University of Washington	Evaluate unique ways of providing training to health care providers. Determine the differential effectiveness of training strategies. Compare new methods of training to traditional course work.	A number of tailored multi-media and traditional approaches can yield compelling training materials for health care system providers. Systematic approaches to trainee recruitment can attract high percentages of area health care providers to innovative training that ease traditional time and location barriers. Current technologies can support these innovative HIV/AIDS curriculum training methods.
SPNS Cooperative Agreement of 27 Projects (10/94 - 9/99)	Five Cluster Work Groups Capitated Care (5 projects) Community Based Organizations (6 projects) Comprehensive Health care (3 projects) Infrastructure-Advocacy (8 projects) Training (5 projects)	Evaluate the ways in which cluster groups develop cluster evaluations and implement common measures at their sites. Evaluate the usefulness of different models of working together that are adopted by the different Work Groups. Evaluate the outcomes of the Work Groups and the Steering Committee as a whole in terms of common reports, shared data resources, shared knowledge bases, and other common products.	In spite of stylistic differences due to the content of the cluster evaluations, the Work Groups have adapted similar, consensus-driven processes to develop common designs. The consensus process is dependent, to some degree, upon support from an external Evaluation & Dissemination Center that provides common materials for review and systematically records decisions. The consensus process has permitted the group of 27 projects to function at a high level of cooperation and shared goal setting.

Bureau Contact Person: Special Projects of National Significance
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HIV/AIDS Bureau Minority Health Activities

Title of the Program or Activity: AIDS Education and Training Centers

Background/History: The Health Resources and Services Administration (HRSA) in accordance with the requirements of section 2674(b)(4) of Title XXVI of the Public Health Service (PHS) Act, as amended by Public Law (P.L.) 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and P.L. 104-146, the Ryan White CARE Act Amendments of 1996 provides assistance to States, local communities, and providers to improve the quality and availability of care for individuals and families living with HIV disease/AIDS through seven programs administered by HRSA.

Purpose of the Program/Activity: In 1996, 15 AETCs were funded. They operate as a national network of centers that have a responsibility for designated geographic areas in which they conduct targeted, multidisciplinary education and training programs.

The goal of the AETC Program is to increase the number of health care providers educated and motivated to counsel, diagnose, treat, and manage individuals with HIV disease and to train providers to educate their patients and offer interventions that reduce the risk of HIV infection. Training focuses on: community primary care providers, with an emphasis on those funded under Title XXVI of the PHS Act, to incorporate strategies for HIV prevention and care into their clinical priorities; supplemental and complementary HIV training for health professions schools; educating selected health professionals to serve as HIV educators of health care personnel in their local areas; and minority providers and providers who serve minority populations. The AETCs are required to spend the majority of their funds on the clinical training of primary care health professionals. Emphasis is also placed on training mental health and allied health personnel.

Target Population Served: The number of trainees that attended AETC training activities in 1996 was 158,836. Forty percent of the trainees were nurses and

Expected or Reported Outcomes and/or Impact: The National AIDS Education and Training Centers Program is undertaking a comprehensive review of its organization and function. This review consists of an external review and an internal review. The external review was conducted by a consultant who conferred with key informants inside and outside the government. The consultant also conferred with satisfied and dissatisfied clients of the program and facilitated focus groups to provide input into the appropriate organization and operation of the program in a rapidly changing environment. After the consultant's recommendations were presented to the AETC Directors, they began working on a plan to review all AETC operations to determine if they were still appropriate, and if they were, whether they had to be modified.

Evaluations Completed or Underway

AETCs conduct routine and special evaluations of their programs to determine their impact. From October 1994 to March 1996, the AETC Program conducted a National Needs Assessment Pilot Study in which a standardized needs assessment survey instrument was developed and tested. The study gathered

data on training needs in the areas of prevention and education, diagnosis and treatment, psychosocial and case management issues, special population issues, cultural issues and interpersonal issues.

Emerging Issues

Education and training to reduce the perinatal transmission of HIV

The AETC Program has been providing training on reducing the perinatal transmission of HIV, but much more is needed. The AETCs are being funded with additional funds to provide targeted training to all of the Community and Migrant Health Centers in the country on the reduction of the perinatal transmission of HIV. A similar arrangement is currently being negotiated with the Indian Health Service.

Education and training on combination drug therapy using protease inhibitors

The results of recent studies of the efficacy of combination drug therapies, including protease inhibitors, in treating HIV infection, as well as results of follow-on research need to be disseminated to health care providers immediately. The use of these combination therapies brings with it a number of issues concerning strict dosing schedules, drug resistance, cost, availability, and access. The AETC program will need to play a prominent role in educating health care providers about these issues and their implications for care of people with HIV disease.

Education and training of health care providers in managed care organizations

The growth of managed care organizations and the mandatory enrollment of Medicaid populations in them are important issues for the AETC program. How effective these organizations will be in meeting the many needs of individuals living with HIV has yet to be fully understood. This is an unfamiliar clientele for most managed care organizations and the health care providers in them. Finding ways to train staff of these organizations is critical if HIV positive patients are to receive adequate care.

Bureau Contact Person:	Division of Training and Technical Assistance
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Title:	Director
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HIV/AIDS Bureau Minority Health Activities

Title of the Program or Activity: Dental Reimbursement Program

Background/History: The Health Resources and Services Administration (HRSA) in accordance with the requirements of section 2674(b)(4) of Title XXVI of the Public Health Service (PHS) Act, as amended by Public Law (P.L.) 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and P.L. 104-146, the Ryan White CARE Act Amendments of 1996 provides assistance to States, local communities, and providers to improve the quality and availability of care for individuals and families living with HIV disease/AIDS through seven programs administered by HRSA.

Purpose of the Program/Activity: The Ryan White HIV Dental Reimbursement Program is designed to partially reimburse public or nonprofit private schools of dentistry or health care facilities with post-doctoral dental programs for the uncompensated costs of providing oral health care to HIV-infected patients. In FY 1997, available funds were distributed among 103 eligible applicants using a formula that took into account, for the period July 1, 1995 and June 30, 1996, the number of HIV-infected patients served by each applicant and the unreimbursed oral health care costs associated with these patients as compared to the total number of HIV-infected patients and the total unreimbursed costs incurred by all applicants. The 1997 awards totaled \$7,260,493.

Number of People Served/Reached by Population Group:

During the period July 1, 1995 and June 30, 1996, 69,662 HIV-infected clients received oral health care at the institutions awarded reimbursement in FY 1997. The demographic characteristics of these clients were as follows:

Gender:	70% male 30% female
Age:	92% 21 and above 3 % 13 to 20 4% 12 and under 1% Unknown/not reported
Race/Ethnicity:	32% White (non Hispanic) 30% Black 18% Hispanic 2% Asian Pacific Islander 1% Native American 17% Unknown/not reported

Expected or Reported Outcomes and/or Impact: An intensive evaluation of the Dental Reimbursement Program for the period 1991 through 1996 is being carried out under contract to Woodhull Hospital. This study is assessing the effects of the program on HIV-infected patients' access to dental/oral health care; HIV education of dental health care providers; the scope of dental/oral health

care services provided to HIV-infected patients; and the integration/coordination of dental/oral health care with other medical services. This evaluation is collecting data from both institutions that received awards during this period and those that were eligible, but did not apply. It has used mail questionnaires, telephone interviews, and a review of existing data from HRSA and the American Dental Association. Preliminary findings from the study were presented at the annual meeting of the American Association of Dental Schools in February, 1998. A final report of findings is expected by the end of 1998.

Bureau Contact Person:	Division of Community Based Programs
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Title:	Deputy Director
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ATTACHMENT 5

Indian Health Service

AGENCY MINORITY HEALTH ACTIVITIES

Indian Health Service

- (1) IHS Scholarship Program - As mandated under the Indian Health Care Improvement Act, Public Law (P.L.) 94-437, as amended, in fiscal year (FY) 1998, the IHS awarded 8 scholarships to American Indian students attending tribal colleges, for a total of \$143,000. Public Law 94-437 will be considered for Reauthorization in FY 2000. The IHS has prepared suggested proposed amendments to the bill language and is currently conducting tribal consultation on the suggested amendments. For information on the scholarship program, please contact Ms. Patricia Lee McCoy, Acting Director, Division of Health Professions Support, Office of Management Support, on (301) 443-6197; for legislative history and background, please contact Mr. Michael Mahsetky, Director of Legislative Affairs, Office of the Director, on (301) 443-1083.
- (2) Injury Prevention Program - In accordance with the IHS Director's Initiative on Injury Prevention established in FY 1997, the IHS funded the development of an Injury Prevention Program curriculum at the United Tribes Technical College (UTTC) in Bismarck, North Dakota. In FY 1998, the IHS contributed \$100,000 for UTTC to begin classwork leading toward a 2-year degree entitled, "Associate of Applied Science Degree in Injury Prevention and Control." The UTTC is the first college in the world to offer an Associate Degree program in Injury Prevention. The first class consisted of 8 American Indian students.

Presently, there is no funding available to support the continuation of the Injury Prevention program for the fall semester in FY 1999. Recommendations have been made for the inclusion of proposed language in the Reauthorization of the Indian Health Care Improvement Act in FY 2000 to create a 2-year degree program in Injury Prevention and Control at UTTC and to expand the program to other interested tribal colleges and universities.

This program is expected to help greatly reduce the IHS costs for contract health services delivered for preventable injuries. It would also provide trained technicians in Injury Prevention and Control to fill vacant positions at IHS and tribal health care facilities. These technicians would educate the community members on how to prevent injuries and would introduce concepts that would help promote a healthy lifestyle, resulting in a reduction in trauma injuries.

For additional information on the IHS tribal college program, you may contact Ms. Deborah Melton, IHS Tribal Colleges Liaison, Office of Public Health, on (301) 443-6622, and Mr. Michael Mahsetky on (301) 443-1083 for legislative information.

ATTACHMENT 6

National Institutes of Health

Research/Disease Prevention and Treatment

Program/Activity Title: Initiative to Reduce Infant Mortality

Background/History (*Congressional directive or follow up to previous recommendation*):

Infant mortality among African Americans continues to be twice as high as among Whites. In 1994 for example, the District of Columbia's infant mortality rate was 18.2 per 100 live births compared with a national average of 7.2 in 1996. To address this issue among minority populations in the District of Columbia, the NICHD and the NIH Office of Research on Minority Health established the NIH/DC Initiative to Reduce Infant Mortality, a collaborative research network between the NICHD, a data coordinating center and six primary collaborating sites in the District of Columbia. This initiative is responsive to Senate and House report language that urges the NIH to close the health gap between minority and majority Americans by addressing issues such as infant mortality and health behaviors in adolescent and young adult minorities. In addition, infant mortality has been targeted by the Secretary (Department of Health and Human Services) and President (*President's Race Initiative*) as one five areas in which to eliminate disparities in minority health by the year 2010.

Purpose:

The goal of the above referenced initiative is to 1) develop projects that can help to identify the risk factors for the high rate of infant mortality in the District of Columbia and 2) to develop and evaluate strategies aimed at reducing the number of infants who are at risk of dying in their first year of life. Specific objectives include understanding 1) the determinants of risk factors of the high rates of infant mortality, 2) risk factors for low birth weight among minorities in the District and 3) development of interventions leading toward a reduction of those risk factors.

Target Populations Served:

Racial and ethnic minority groups in the District of Columbia.

Number of People Served/Reached:

Infants born between October 1, 1994 and February 19, 1997 are included in the study. The study data consists of data on 547 infants and 517 mothers.

Dollars Involved by Fiscal Year:

FY1997: \$5,000,000

FY1998: \$5,000,000

Expected or Reported Outcome and/or Impact:

Identification of risk factors of the high rates of infant mortality in the District and the subsequent reduction in this rate to one commensurate with the general population.

Agency Contact Person (*Title, Phone Number*):
Dr. Yvonne Maddox, Deputy, (NICHD)
Phone: (301) 496-1848

Health Promotion and Disease Prevention

Program/Activity Title: Minority Youth Study Health Behavior Initiative

Background/History (*Congressional directive or follow up to previous recommendation*):

This is a five year cooperative agreement aimed at reducing excess morbidity and mortality among inner-city African American and Hispanic youth. The project highlights the three major health risks to this population – violence, the consequences of early sexual behaviors, and alcohol and drug use. The initiative is consistent with and responsive to Senate and House report language that urges the NIH to close the health gap between minority and majority Americans by addressing health issues across the lifespan, in infants, children, adolescents, young adults and older populations and the participation of minorities in clinical research. The Congress continues to have particular interest in research that positively impacts the increasing incidences of violence and abusive behavior in low-income at-risk communities.

Purpose:

The purpose of the above reference initiative was to improve minority youth health by focusing on behavior in interpersonal youth violence, adolescent pregnancy, sexually transmitted disease and substance abuse with a community based program in specified neighborhood. The focus is on developing healthy social bonds and norms in high-risk youth through interventions in collaboration with community organizations, schools, parents and the youths themselves.

Target Populations Served:

Hispanic American and African American Youths in inner city, low-income, at-risk communities.

Number of People Served/Reached:

Dollars Involved by Fiscal Year:

FY1997: \$5,000,000

FY1998: All eight sites operating with no-cost extensions as they assemble data sets and prepare manuscripts for publication. (One site will continue following a group of New York City youth for the next five years with NICHD funding –\$709K; another will continue their work in Chicago – \$790K), with NIDA funding and NICHD supplementation.)

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge that will positively impact violence and abusive behavior in low-income at-risk communities.

Agency Contact Person (*Title, Phone Number*):

Dr. Susan Newcomer (NICHD)

Phone: (301) 496-1174

Research

Program/Activity Title: Diabetes in Yupik Eskimos

Background/History (*Congressional directive or follow up to previous recommendation*):

The Office of Research on Minority Health was urged in Senate Report language in 1995 to direct a review of the state of research addressing the health problems of Native Americans, and these include infectious and chronic health problems, various cancers, and behavioral problems such as fetal alcohol syndrome, suicide, and unintended injury and death. The Office was also encouraged to identify strategies for addressing the health problems of indigenous populations of Alaska and the Arctic. The NIDDK/ORMH collaborative initiative described below is consistent with and responsive to the above noted directives.

Purpose:

The objective this pilot initiative is to initiate a systematic screening of various ethnic groups by carrying out a pilot study in Siberian Yupik Eskimos. The focus is on investigating dietary patterns, physical activity levels, and anthropometric data for the purpose of making correlations between the occurrence of diabetes and other chronic diseases. The first detailed study of diabetes in Alaska Eskimos revealed a much higher prevalence of diabetes than expected in this population as well as unexplained physiological adaptations.

Target Populations Served:

Siberian Yupik Eskimos

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

Discovery of information related to the pathology of diabetes in Alaska natives.

Agency Contact Person (*Title, Phone Number*):

Dr. Colleen Guay-Broder (NIDDK)

Phone: (301) 496-6623

Workforce and Health Professions Development and Training

Program/Activity Title: Minority Training and Career Development

Background/History (*Congressional directive or follow up to previous recommendation*):

The NIDDK Minority Training and Career Development programs were implemented, some in collaboration with the Office of Research on Minority Health (ORMH) to provide research training opportunities for qualified underrepresented minorities for the purpose of facilitating their move toward competitive research careers. The NIDDK Minority Training and Career Development programs are consistent with and responsive to the language of the NIH Revitalization Act of 1993 that encourage the NIH to increase the number of underrepresented minorities participating in biomedical and behavioral research.

Purpose:

The objective of the above referenced training and career development initiatives is to advance research and career development of minority investigators. These initiatives include small research grants, clinical investigator training opportunities, minority supplements, minority training opportunities on institutional training grants, and transitional support to sustain competitiveness of minority investigators and minority supplements.

Target Populations Served:

Nationally, individuals who have been found to be underrepresented in biomedical or behavioral research, including but not limited to United States citizens who are African Americans, Hispanic Americans, Native Americans and Natives of the U.S. Pacific Islands.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

Increased minority investigator access to research careers.

Agency Contact Person (*Title, Phone Number*):

Dr. Colleen Guay-Broder (NIDDK)

Phone: (301) 496-6623

Research

Program/Activity Title: Liver and Biliary Diseases Among Women and Minorities (*Also co-sponsored by the Office of Research on Minority and Office of Research on Women's Health*)

Background/History (*Congressional directive or follow up to previous recommendation*):

Some liver and biliary diseases are more common or more severe among minority individuals, conceivably reflecting both cultural and socioeconomic factors. These include conditions such as chronic hepatitis C among African Americans and Hispanics, alcoholic and drug abuse liver disease among Native and African Americans and gallstones and gallbladder cancer among Mexican Americans and Native Americans. Although liver disease mortality is higher among minorities, liver transplantation rates and both patient and graft survival after liver transplantation are lower than among non-Hispanic whites. The reasons for these differences are unknown, and race and socio-economic factors and other factors such as the abuse of illicit drugs, are rarely evaluated. Accordingly, ORMH and NIDDK were encouraged in Congressional report language to support research in areas related to liver and biliary diseases.

Purpose:

The purpose of this program is to support epidemiological research and clinical trial applications that focus on the following issues in minority health and liver and biliary disease:

- elucidation of factors that contribute to the differences in incidence, prevalence and pattern of liver disease among different minority groups (e.g., environmental exposure, cultural, socio-economic factors, etc
- development of therapies for end stage liver disease based upon racial and socioeconomic factors in susceptibility and response to treatment and prevention.

Target Populations Served:

Native Americans, Mexican Americans, African Americans, women, and other under served populations.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending – To be funded in FY1999

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge aimed at 1) decreasing the incidence and prevalence of liver and biliary diseases among women and racial and ethnic groups and 2) improving the management of liver disease.

Agency Contact Person (*Title, Phone Number*):

Dr. Thomas F. Kresina, Director

Liver, Biliary and pancreas Diseases (DDDN/NIDDK)

Phone: (301) 594-8871

Research

Program/Activity Title: African-American Study of Kidney Disease and Hypertension (AASK) and Support for AASK Clinical Center at Howard University

Background/History (*Congressional directive or follow up to previous recommendation*):

The Office of Research on Minority Health was encouraged in Congressional Report language (1993) to establish programs, in collaboration with the NIH Institutes, to increase minority participation in clinical research, including clinical trials. In addition, cardiovascular disease has been targeted by the Secretary (Department of Health and Human Services) and President (*President's Race Initiative*) as one five areas in which to eliminate the disparities in minority health by the year 2010.

Purpose:

The goal of the AASK study is to determine whether one of two levels of blood pressure control and one of three classes of anti-hypertensive medications are more effective than the others in slowing the loss of kidney function among African-American and women with kidney disease associated with hypertension. The primary objective of the study is to significantly delay or prevent the progression of renal disease to end-stage. The Clinical Center at Howard University was established to facilitate the recruitment of minority participants for the AASK study and to conduct research in areas related to kidney disease and hypertension in the African American population.

Target Populations Served:

African-American men and women aged 18 -70 with high blood pressure will be recruited and persons with reduced kidney function will be randomized into the study.

Number of People Served/Reached:

The sample will include the approximately 2,000 currently active participants from the original ARIC cohort and approximately 6,000 new participants in the age range of 35-40 years of age.

Dollars Involved by Fiscal Year:

FY1997: \$1,100,000

FY1998: \$1,100,000

Expected or Reported Outcome and/or Impact:

Patients will be followed until the year 2000. Information gained from the research in this trial will be highly relevant to treatment of kidney disease associated with hypertension in African Americans and may also offer insights concerning recruitment into clinical trials for other diseases/conditions.

Agency Contact Person (*Title, Phone Number*):

Dr. Colleen Guay-Broder

Office of Scientific, Program and Policy Analysis, NIDDK

Phone: (301) 496-6623

Research

Program/Activity Title: Diabetes Genes, Treatment, and Prevention in Minorities Research

Background/History (*Congressional directive or follow up to previous recommendation*):

Native Americans suffer the highest prevalence of diabetes than any population in the U.S. and Native Hawaiians have twice the death rate from diabetes compared to Caucasians in Hawaii. The prevalence of diabetes is 50 percent higher in African-Americans, compared to the non-Hispanic white population, and nearly twice as great in Hispanics as in whites. Further, the complications of diabetes such as end-stage renal disease, blindness, amputations, nerve disease and stroke are more frequent in African Americans than in their white counterparts. Accordingly, ORMH and NIDDK were strongly encouraged in Congressional Report language to promote the health of minorities, particularly on the genetics of diabetes and treatment and prevention of diabetes in minority populations. In addition, diabetes was targeted by the Secretary (Department of Health and Human Services) and President (*President's Race Initiative*) as one of five areas in which to eliminate disparities in minority health by the year 2010.

Purpose:

Recognizing the serious burden of diabetes in minorities, the NIDDK and ORMH have been jointly working to address this disparity in health. This initiative is focused in two areas: 1) development of treatment and prevention interventions that specifically address diabetes in a range of minority populations and 2) elucidation of the genetic basis of diabetes in minority populations and the underlying mechanisms controlled by gene expression.

Target Populations Served:

Hispanic diabetic adults residing in a rural Texas-Mexico border community; centrally obese African-Americans with impaired glucose tolerance; obese Hispanic high school students in Colorado; African-American children, adolescents, and adults with diabetes; and Caribbean Latinos with non-insulin dependent diabetes.

Number of People Served/Reached:

Dollars Involved by Fiscal Year:

FY1997: \$2 million

FY1998: \$2 million

Expected or Reported Outcome and/or Impact:

The outcome of these studies will help establish the most appropriate, cost effective care strategies for diabetes in urban settings, and may provide a paradigm for treatment of diabetes in all Americans.

Agency Contact Person (*Title, Phone Number*):

Dr. Colleen Guay-Broder

Office of Scientific, Program and Policy Analysis, NIDDK

Phone: (301) 496-6623

Research

Program/Activity Title: Gestational Diabetes Component of Diabetes Prevention Program

Background/History (*Congressional directive or follow up to previous recommendation*):

Native Americans suffer the highest prevalence of diabetes than any population in the U.S. and Native Hawaiians have twice the death rate from diabetes compared to Caucasians in Hawaii. The prevalence of diabetes is 50 percent higher in African-Americans, compared to the non-Hispanic white population, and nearly twice as great in Hispanics as in whites. Further, the complications of diabetes such as end-stage renal disease, blindness, amputations, nerve disease and stroke are more frequent in African Americans than in their white counterparts. Accordingly, ORMH and NIDDK were strongly encouraged in Congressional Report language to promote the health of minorities, particularly on the genetics of diabetes and treatment and prevention of diabetes in minority populations. In addition, diabetes was targeted by the Secretary (Department of Health and Human Services) and President (*President's Race Initiative*) as one five areas in which to eliminate disparities in minority health by the year 2010.

Purpose:

This project is a component of a large clinical trial that has the aim of preventing or delaying the onset of type 2 diabetes in individuals at increased risk for the disease. Two drug interventions and an intensive lifestyle intervention are being tested in the Diabetes Prevention Program for their efficacy in preventing or delaying the onset of diabetes in minority women with a history of gestational diabetes (GDM). In addition, a major study has been inaugurated to investigate behavioral issues relating to recruitment and retention in the trial, and changes will be implemented to improve the recruitment status.

Target Populations Served:

Minority women with a history of GDM.

Number of People Served/Reached:

See Attached

Dollars Involved by Fiscal Year:

FY1997: \$1,131,976

FY1998: \$ 625,000

Expected or Reported Outcome and/or Impact:

The trial is projected to continue for a total of seven years and should provide definitive data on the possibilities for prevention or delayed onset of type 2 diabetes in minority populations.

Agency Contact Person (*Title, Phone Number*):

Dr. Sanford Garfield

Special Programs Director, DDEMD/NIDDK

Phone (301) 594-8803

Diabetes Prevention Program
Women With a History of GDM by Ethnic Group – Randomized Women
Troglitazone Participants Excluded
Data as of January 13, 1999

Ethnic Group	Total Number of Women	Women with GDM Number (Pct)	
Missing	3	1	(33.3)
African American	443	59	(13.1)
American Indian	140	35	(25.0)
Asian	49	5	(10.2)
Caucasian	1126	181	(16.1)
Pacific t:slander	14	2	(14.3)
Hispanic-White	243	36	(14.8)
Hispanic-Black	10	4	(40.0)
Hispanic-Asian	7		(0.0)
Hispanic -MOS	70	17	(24.3)
Other	4		(0.0)
All	2109	340	(16.1)

DPP current recruitment - estimates
Please handle in a confidential manner

Research

Program/Activity Title: Liver and Biliary Diseases Among Women and Minorities (*Also co-sponsored by the Office of Research on Minority and Office of Research on Women's Health*)

Background/History (*Congressional directive or follow up to previous recommendation*):

Some liver and biliary diseases are more common or more severe among minority individuals, conceivably reflecting both cultural and socioeconomic factors. These include conditions such as chronic hepatitis C among African Americans and Hispanics, alcoholic and drug abuse liver disease among Native and African Americans and gallstones and gallbladder cancer among Mexican Americans and Native Americans. Although liver disease mortality is higher among minorities, liver transplantation rates and both patient and graft survival after liver transplantation are lower than among non-Hispanic whites. The reasons for these differences are unknown, and race and socio-economic factors and other factors such as the abuse of illicit drugs, are rarely evaluated. Accordingly, ORMH and NIDDK were encouraged in Congressional report language to support research in areas related to liver and biliary diseases.

Purpose:

The purpose of this program is to support epidemiological research and clinical trial applications that focus on the following issues in minority health and liver and biliary disease:

- elucidation of factors that contribute to the differences in incidence, prevalence and pattern of liver disease among different minority groups (e.g., environmental exposure, cultural, socio-economic factors, etc
- development of therapies for end stage liver disease based upon racial and socioeconomic factors in susceptibility and response to treatment and prevention.

Target Populations Served:

Native Americans, Mexican Americans, African Americans, women, and other underserved populations.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending – To be funded in FY1999

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge aimed at 1) decreasing the incidence and prevalence of liver and biliary diseases among women and racial and ethnic groups and 2) improving the management of liver disease.

Agency Contact Person (*Title, Phone Number*):

Dr. Thomas F. Kresina, Director Liver, Biliary and pancreas Diseases (DDD/NIDDK)

Phone: (301) 594-8871

Research

Program/Activity Title: H. Pylori in Minorities

Background/History (*Congressional directive or follow up to previous recommendation*):

The Office of Research on Minority Health was urged in Senate Report language in 1996 to collaborate with the NIDDK, NCI, and NIAID on the development and implementation of a cooperative research plan on H. pylori infection in minorities. Accordingly, a trans-NIH Request for Applications (RFA) focusing on H. pylori in minority populations was issued—three of the applications responding to the RFA are funded by the ORMH.. The initiative was cosponsored by a number of organizations, including NIDDK, NCI, NIAID, and the American Digestive Health Foundation). Although chronic infection with H. pylori can lead to gastric and duodenal ulcer disease, chronic gastritis and gastric malignancy, eradication of the organisms has been shown to induce long-term remission in peptic ulcer disease.

Purpose:

The purpose of this program is to investigate the pathogenesis of H pylori in a number of gastric conditions (other than peptic ulcer) and in different populations that have not been extensively studied, in particular in African-Americans and Mexican-Americans. H. pylori rates are higher in these to populations.

Target Populations Served:

African-Americans, Mexican-Americans

Number of People Served/Reached:

Dollars Involved by Fiscal Year:

FY1997: \$450,000

FY1998: \$450,000

Expected or Reported Outcome and/or Impact:

Development of basic research information leading to understanding the relationship of H. pylori infection and cancer, ultimately decreasing the disparity in the burden of H. pylori infections in minority populations.

Agency Contact Person (*Title, Phone Number*):

Dr. Frank Hamilton, Chief

Digestive Diseases Program Branch (DDN/NIDDK)

Phone: (301) 594-8877

Research/Disease Prevention and Treatment

Program/Activity Title: Hepatitis C Center - Alaska Natives

Background/History (*Congressional directive or follow up to previous recommendation*):

The Office of Research on Minority Health and the National Institute of Diabetes, Digestive and kidney Diseases were urged in Senate Report language in 1995 to direct a review of the state of research addressing the health problems of Native Americans, including infectious and chronic health problems, various cancers, and behavioral problems such as fetal alcohol syndrome, suicide, and unintended injury and death. The Office was also encouraged to identify strategies for addressing the health problems of indigenous populations of Alaska and the Arctic. One chronic health problem of particular interest is hepatitis C infection. Despite clinical importance and widespread occurrence, the pathogenesis of chronic hepatitis C infection is not well understood. Accordingly, this initiative seeks to elucidate the potential influence of genetic factors on the clinical-pathologic outcome of chronic Hepatitis C infection in selected sub-populations. The collaborative NIDDK/ORMH supported Hepatitis C Centers are consistent with and responsive to the above noted directives.

Purpose:

ORMH supported Hepatitis C Cooperative Research Centers have begun the analysis of serum, collected over a period of 20 years, from a homogeneous population of Alaska Natives. This center, with at least two other centers to be funded by the NIAID, creates a network of regional cooperative Hepatitis centers to further hepatitis research in a coordinated manner.

Target Populations Served:
Alaska Natives

Number of People Served/Reached:
Approximately 500 Alaskan Natives

Dollars Involved by Fiscal Year:
FY1997: \$150,000
FY1998: \$150,000

Expected or Reported Outcome and/or Impact:
Discovery of information relating to the clinical-pathologic outcome of the hepatitis C infection in Alaska Natives and potentially other populations as well.

Agency Contact Person (*Title, Phone Number*):
Dr. Thomas Kresina,
Liver, Biliary and Pancreas Diseases (DDDN/NIDDK)
Phone: (301) 594-8871

Workforce and Health Professions Development and Training

Program/Activity Title: Minority Training and Career Development

Background/History (*Congressional directive or follow up to previous recommendation*):

The NIDDK Minority Training and Career Development programs were implemented, some in collaboration with the Office of Research on Minority Health (ORMH) to provide research training opportunities for qualified underrepresented minorities for the purpose of facilitating their move toward competitive research careers. The NIDDK Minority Training and Career Development programs are consistent with and responsive to the language of the NIH Revitalization Act of 1993 that encourage the NIH to increase the number of underrepresented minorities participating in biomedical and behavioral research.

Purpose:

The objective of the above referenced training and career development initiatives is to advance research and career development of minority investigators. These initiatives include small research grants, clinical investigator training opportunities, minority supplements, minority training opportunities on institutional training grants, and transitional support to sustain competitiveness of minority investigators and minority supplements.

Target Populations Served:

Nationally, individuals who have been found to be underrepresented in biomedical or behavioral research, including but not limited to United States citizens who are African Americans, Hispanic Americans, Native Americans and Natives of the U.S. Pacific Islands.

Number of People Served/Reached:

FY1997 – 8

FY1998 – 7

Dollars Involved by Fiscal Year:

FY1997: \$570,000

FY1998: \$500,000

Expected or Reported Outcome and/or Impact:

Increased minority investigator access to research careers.

Agency Contact Person (*Title, Phone Number*):

Dr. Colleen Guay-Broder

Office of Scientific, Program and Policy Analysis,

Phone: (301) 496-6623

Workforce and Health Professions Development and Training

Program/Activity Title: The Social Context of Family formation and Well-Being

Background/History (*Congressional directive or follow up to previous recommendation*):

Although African American trends have been more extreme, virtually all segments of American society have experienced substantial changes in marital patterns and family organization over the last 20 years. The proposed project addresses recent changes in family formation patterns among U.S. Blacks and Whites in nine cities and among Latinos in 3 cities. This initiative will also serve as a training vehicle for a minority faculty member to strengthen her expertise in mental health research. Accordingly, this project is consistent with and responsive to the NIH Revitalization Act of 1993, which encourages the NIH to increase the number of underrepresented minorities participating in biomedical and behavioral research. The project is also consistent to House report language that urges the Office of Research on Minority to encourage the development of programs to increase minority participation in clinical research and to increase the competitiveness of minority researchers.

Purpose:

The purpose of the above referenced initiative is to study the social context and social and psychological correlates of current family formation behaviors and attitudes, focusing in particular on mate availability and economic concerns as marital inhibitors and facilitators. The study also serves as a career enhancing activity for the principal investigator in four broad areas: 1) acquiring data analysis skills, particularly in the area of hierarchical linear modeling, 2) gaining a greater understanding of clinical issues related to mental health research, 3) acquiring knowledge about public policy development relevant to family formation in the US, and 4) expanding communication with theorist and researchers concerned with family issues.

Target Populations Served:

Hispanic Americans, white Americans, and African Americans

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

FY1997: \$96,000

FY1998: \$96,000

Expected or Reported Outcome and/or Impact:

Strengthening the research program of the principal investigator (PI). This support will allow the PI to reduce administrative responsibilities and concentrate the largest portion of her time and energy on research. The discovery of new knowledge regarding potential factors which negatively impact family formation behaviors.

Agency Contact Person (*Title, Phone Number*):

Dr. Della Hann

(301) 443-5944

Supporting Educational Institutions

Workforce and Health Professions Development and Training

Program/Activity Title: Developmental Neuroscience Research Program at the Morehouse School of Medicine

Background/History (*Congressional directive or follow up to previous recommendation*):

The Developmental Neuroscience Research Program is a cooperative agreement, jointly supported by the Office of Research on Minority Health, the NINDS and the Morehouse School of Medicine, and which serves as a focal point for expanding neuroscience research, training and educational opportunities for faculty and a variety of students (i.e., medical students, undergraduates, graduate students and postdoctoral fellows). The grantee institution is one of a consortium of schools in the Atlanta University Center that serves the largest populations of underrepresented minority students in the United States. The Developmental Neuroscience Research Program is a model which beautifully demonstrates the intent of the encouragement given in the NIH Revitalization Act of 1993. It is also supportive of the mandate to initiate and support infrastructure development projects at minority institutions as well as develop programs to increase the competitiveness of minority researchers.

Purpose:

The goal of the program is to establish a model neuroscience program/Institute that would support neuroscience research and training to develop independent investigators who would be competitive for funding at the national level.

Target Populations Served:

Nationally, individuals who have been found to be underrepresented in biomedical or behavioral research include, but are not limited to United States citizens who are African Americans, Hispanic Americans, native Americans and Alaska Natives and natives of the U.S. Pacific Islands.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

FY1997: \$1,500,000

FY1998: \$1,500,000

Expected or Reported Outcome and/or Impact:

Development of a research program at a minority institution that is capable of sustained competitive research support.

Agency Contact Person (*Title, Phone Number*):

Dr. Alfred Gordon

Special Initiatives and Developmental Program Officer

Phone: (301) 496-9223

Workforce and Health Professions Development and Training

Program/Activity Title: NIAID/ASTP Minority Fellowships in Transplantation

Background/History (*Congressional directive or follow up to previous recommendation*):

The NIH Revitalization Act of 1993 encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research. This initiative is consistent with and responsive to that encouragement/advisement in terms of providing training opportunities for individual interested in transplantation research. Transplantation is a life-saving treatment for tens of thousands of patients and can also provide an extraordinary improvement in their quality of life. However, despite major improvements in surgical techniques, tissue preservation methods and immunosuppressive drugs, 10-50 percent of transplanted organs and tissues fail within the first year following transplantation. In addition, racial and ethnic minorities lag behind the general population both in terms of the receipt of transplants and in the donation of organs and tissues for transplantation.

Purpose:

This program is intended to support postdoctoral training opportunities for research on the etiology, pathogenesis, diagnosis and/or treatment and prevention of transplant rejection.

Target Populations Served:

Racial/ethnic minority individuals under represented in biomedical research and women, and persons with disabilities.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

Expansion of the number of independent minority scientists participating in biomedical research, in particular transplantation research, and discovery of new knowledge aimed at reducing or eliminating graft rejection, graft versus host disease –attack of recipient tissues by immunocompetent cells of the donor, development of new and less toxic anti-rejection chemotherapeutics, the incidence and severity of malignancy and the occurrence of atherosclerosis.

Agency Contact Person (*Title, Phone Number*):

Dr. Stephen M. Rose

Division of Allergy, Immunology and Transplantation, NIAID

Phone: (301) 496-5598

Fax: (301) 402-2571

*Research***Program/Activity Title: Reducing Asthma Morbidity among Native Americans****Background/History (Congressional directive or follow up to previous recommendation):**

The prevalence of self-reported asthma and asthma-like symptoms among American Indians and Alaska Natives were evaluated among middle school populations in the Yukon-Kushokwim river Delta region of Alaska. Spirometric measures were obtained, and a culturally neutral video survey, developed by the International Studies for Allergies and Asthma in Children, was administered. Preliminary analyses suggest that the frequency of respiratory symptoms varies between villages, but asthma symptoms are more common than physician-diagnosed asthma. In 1987, asthma prevalence among AI/AN children (7.1%) was slightly lower than Caucasians (8.1%) and African-Americans (11%). However, another evaluation of hospitalization in Washington State, indicate that American Indians have a substantially higher hospitalization rate for asthma than the rest of the population, particularly for children under the age of 1 and for adults. One finding among the Navaho is that the cause and pathophysiology of asthma depend on the traditionally of the individuals involved, and certain models of disease foster delay in medication use. This initiative is consistent with and responsive to Senate report language that directs a review of the state of research addressing the health problems of Native Americans, including infectious and chronic health problems. The Committee also urged the Office of Research on Minority Health in collaboration with the NIH ICs to identify strategies for addressing these health problems of indigenous populations of Alaska and the Arctic.

Purpose:

The objectives are to evaluate the prevalence of asthma among American Indian and Alaska Native children based on previous surveys and to plan and implement a practice-based strategy for decreasing the frequency of asthma related complications and symptoms. Data has been collected for base lining the utilization of inpatient and Emergency Room encounters at both the Seattle Indian Health Board and the Puyallup Tribal clinic for asthma related problems. Data has also been obtained in the Puyallup Clinic on medication use for asthma.

Target Populations Served:

American Indians, including but not limited to the Navajo sub-population and Alaska Natives (Yupik Eskimos) in the Yukon-Kushokwim River Delta region.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

FY1997: \$300,000

FY1998: \$300,000

Expected or Reported Outcome and/or Impact:

Reduced asthma morbidity among Native Americans and Alaska Natives

Agency Contact Person (Title, Phone Number):
Dr. Marshall Plaut
Phone: (301) 496-8973

*Research/Workforce and Health Professions Development and Training***Program/Activity Title: Environmental Justice****Background/History** (*Congressional directive or follow up to previous recommendation*):

Environmental Justice, Community-Based Prevention/Intervention Research, and Superfund Worker Education and Training programs address environmental health research issues of importance to economically disadvantaged populations. The overall focus is to identify specific environmental hazards affecting workers and people in minority and low-income communities and to characterize the health problems, needs, and concerns of the people affected. This is to be accomplished through public partnerships the objectives of which were the improved collection of monitoring and surveillance data and the utilization of health research to identify and characterize environmental and occupational factors that have the greatest impact on the health status of disadvantaged communities. These initiatives are responsive to Senate and House report language urging 1) that the Office of Research on Minority Health to ensure that research projects involving native Hawaiians, Asian, and Pacific Islanders be given full consideration and 2) that the ORMH in collaboration with the NIEHS address the issues of environmental justice and environmental health effects in underserved and minority populations. The initiative is also responsive to the NIH Revitalization Act of 1993, which encouraged the NIH to increase the number of underrepresented minorities participating in biomedical and behavioral research.

Purpose:

The objective of the above referenced aspect of the environmental justice initiative is to examine the public health partnership strategies that have been developed as collaborative models in building public health research, training, and prevention interventions. An important goal of these activities will be to highlight and discuss the importance of evaluating and determining the success of environmental justice community-based programs.

Target Populations Served:

The proposed project spans a spectrum of disadvantaged, underserved populations, including Asian/Pacific Islander, African-American, Hispanic, and Native American communities.

Number of People Served/Reached:

Twelve grants ongoing; four to six new awards to be made in FY99.

Dollars Involved by Fiscal Year:

FY1997: \$ 3,605,000

FY1998: \$ 200,000 (ORMH) + \$3.6 million (NIEHS)

Expected or Reported Outcome and/or Impact:

Effective public health improvement in economically disadvantaged populations.

Agency Contact Person (*Title, Phone Number*):

Dr. Allen Dearry, Acting Chief

Chemical Exposures and Molecular Biology Branch, NIEHS

Phone: (919) 541-0217

Research**Program/Activity Title: Lead - Chelation and Nutrition Supplementation as Therapeutic Strategies****Background/History (Congressional directive or follow up to previous recommendation):**

Lead exposure and its sequelae has been and continue to be a problem that disproportionately affects urban minority children, despite the successes achieved in reducing blood lead levels in the nation overall. Lead is a common environmental contaminant found in household dusts, yard soil, pipe solder, old paint, and some ceramics. It has been known for some time to cause health problems at high doses, and even low exposures can have devastating effects early in life. Accordingly, the multi-faceted Lead Chelation and Nutrition Supplementation initiative is consistent with and responsive to at least two areas of concern highlighted in Senate and House report language: 1) increased participation of minorities in clinical research, including clinical trials, health and behavioral effects of lead exposure in inner-city children and on the health of minority women.

Purpose:

This project supports several initiatives, including a multi-center clinical trial testing the effects of the lead chelator, succimer, in minority children; a study of the quantities of lead mobilized from maternal bone stores to the fetus during pregnancy; and a study to establish the role of prenatal care for the reduction of risk factors for lead toxicity.

Target Populations Served:

Inner-city ethnic and minority children and women, approximately 880.

Number of People Served/Reached:**Dollars Involved by Fiscal Year:**

FY1997: \$4,778,000

FY1998: \$3,508,000

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge on the handling of lead in the body and the development of potential therapies for lead exposure for the purpose of reducing the disproportionate burden of lead exposure on inner city minority populations.

Agency Contact Person (Title, Phone Number):

Dr. Steven K Akiyama

NEIHS Liaison to ORMH

Phone: (919) 541-5002

*Research***Program/Activity Title: Alcoholism in Native Americans****Background/History (*Congressional directive or follow up to previous recommendation*):**

Native Americans are an understudied population with a high incidence of alcoholism and alcohol-related morbidity and mortality. Accordingly, a major focus of the Office of Research on Minority Health and the NIAAA has been the discovery of new knowledge to decrease the disproportionate burden of alcohol abuse and alcoholism on this population. These initiatives are responsive to Senate and House report language that urges the increase in level and scope of research on health problems that disproportionately affect minority populations in addition to urging the increase in minority participation in clinical research, including clinical trials. These initiatives are also consistent with language that specifically directs the identification of strategies for addressing the health concerns of Native Americans, which includes alcohol related illnesses among other chronic health problems. Overall, there are about eight ongoing initiatives addressing alcoholism in Native Americans.

Purpose:

The objective of the above referenced initiatives range from identifying biological markers for the development of alcoholism in Native Americans, studying the genetic linkage of alcoholism and related psychiatric disorders in sub-Native American populations, investigating the prevalence of fetal alcohol syndrome births and other alcohol-related birth defects in high-risk American Indian populations, investigating the relationship between genetic and environmental vulnerability factors and prevalence rates of alcoholism, investigating the potential cotransmission of low voltage alpha EEG trait with alcoholism and other psychiatric disorders in Native Americans (i.e., identifying the gene or genes that leads to the expression of the EEG trait which confers vulnerability to alcoholism in Caucasians and African Americans.)

Target Populations Served:

Sub-populations of Native Americans, including but not limited to Northern Plains Native American Tribes, the Cheyenne and Choctaw tribes, and the Native American Mission Indians.

Number of People Served/Reached:

Potentially over 100,000 plus individuals

Dollars Involved by Fiscal Year:

FY1997: \$ 973,000

FY1998: \$1,250,000

Expected or Reported Outcome and/or Impact:

Decreased morbidity and mortality among Native American populations

Agency Contact Person (*Title, Phone Number*):

Dr. Faye Calhoun

Associate Director, NIAAA/OCRA

Phone: (301) 443-1269

*Research***Program/Activity Title: Native Alaskans: Alcohol Research Projects****Background/History (*Congressional directive or follow up to previous recommendation*):**

The subjects under study are Native Alaskans from Anchorage-area treatment facilities. Preliminary analysis of the first 288 subjects suggests the prevalence of particularly severe alcohol dependence, with onset occurring at 18 in men and at 20 in women. There were also high incidence rates of co-morbid drug problems, mainly marijuana and cocaine, and psychiatric disorders, including major depressive disorder and antisocial personality disorder. An interim progress report indicates that native Alaskans suffer from more severe forms of alcoholism than other comparable U.S. populations. This initiative is responsive to Senate and House report language urges the Office of Research on Minority Health to identify strategies for addressing the health problems of indigenous populations of Alaska and the Arctic.

Purpose:

The objectives of the above reference project are to:

- Provide the first comprehensive clinical description of Native Alaskans in treatment for alcohol dependence utilizing a standardized assessment protocol,
- Examine the influence of social and psychological factors on the expression of alcoholism in Native Alaskans,
- Identify subtypes of Native Alaskan alcoholism, and
- Assess the validity of a previously proposed one-dimensional topology of alcoholism

Target Populations Served:

Native Alaskans and their subgroups

Number of People Served/Reached:

Potentially over 100,000 individuals.

Dollars Involved by Fiscal Year (x 1,000):

FY1997: \$322

FY1998: \$281

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge concerning genetic and psychosocial factors influencing the development and progression of alcoholism among Native Alaskans and their subgroups.

Agency Contact Person (*Title, Phone Number*):

Dr. Faye Calhoun

Associate Director, NIAAA/OCRA

Phone: (301) 443-1269

*Research***Program/Activity Title: Asian/Pacific Islanders Alcohol Research Projects****Background/History (Congressional directive or follow up to previous recommendation):**

Filipino Americans are soon to be the largest Asian-American subpopulation, yet little is known about their alcohol problems and related. Bilingual interviewers have collected data from immigrant and native-born residents of the United States, both mainland U.S. and Hawaii, to better define the prevalence of alcohol use, misuse, alcohol-related disorders, chronic stressors, social networks which provide support for help-seeking in this population. This initiative is consistent with Senate report language that urges the Office of Research on Minority Health to ensure that research projects involving native Hawaiians, Asian and Pacific Islanders be given full consideration and that they be included in the Minority Health Initiative.

Purpose:

The purpose of this study is to examine whether psychological well being, alcohol use, and alcohol abuse that may impact on one's mental health varies as a function of racial/ethnic phenotypes and self identification, stress, and ingroup/outgroup relationships.

Target Populations Served:

Asian/Pacific Islanders, in particular Filipino Americans

Number of People Served/Reached: Potentially over 100,000 individuals.

Dollars Involved by Fiscal Year (x 1,000):

FY1997: \$721

FY1998: \$370

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge that will advance the field concerning factors that may influence the development and progression of alcoholism among Filipino Americans.

Agency Contact Person (Title, Phone Number):

Dr. Faye Calhoun,

Associate Director, NIAAA/OCRA

Phone: (301) 443-1269

Health Professional Development and Training through Publications and information Channels

Program/Activity Title: LUPUS: A patient Care Guide for Nurses and Other Health Professionals

Background/History (*Congressional directive or follow up to previous recommendation*):

Lupus is an autoimmune disease that can affect many parts of the body, including the joints, skin, kidneys, heart, lungs, blood vessels, and brain. Many more women than men have lupus; and, it is three times more common in black women than in white women. It is also more common in women of Hispanic, Asian, and native American descent. The NIAMS recognized that up-to-date medical information and cooperation between health professionals and patients are very necessary and important to good care for this complex condition. To assist in this process, the NIAMS has led the development of a publication entitled LUPUS: A patient Carte Guide for Nurses and Other Health Professionals. It is a cooperative effort that also had support from the NIH Office of Research on Minority Health, the NIH Office of Research on Women's Health, NIH's National Institute of Nursing Research, along with the Systemic Lupus Erythematosus Foundation and the Lupus Foundation of America.

Purpose:

The purpose of developing the publication is to provide information to health care professionals so that patients with Lupus might have the best possible care.

Target Populations Served:

Black women and women of Hispanic, Asian, and Native American descent.

Number of People Served/Reached:

Dollars Involved by Fiscal Year:

FY1997

FY1998: ORWH (\$40,000); ORMH (\$25,000); NINR (\$5,000); SLE Fnd (\$20,000)
(Printing - \$90,000)

Expected or Reported Outcome and/or Impact:

In January 1999, free, single copies of the Guide will be available and promoted widely to nurses and related health professionals through a variety of channels ranging from professional meetings, publications for professionals, and Web sites, to direct mail to selected mailing lists. The goal is to reach health care professionals who care for people with lupus and ultimately to improve health care and outcome for people with lupus.

Agency Contact Person (*Title, Phone Number*):

Ms. Constance D. Raab, NIAMS

Director, Office of Scientific and Health Communications

Phone: (301) 496-8188

Support of Minority-Serving Educational Institutions

Program/Activity Title: Historically Black Colleges and Universities (HBCUs) Recruited Scientist Program

Background/History (Congressional directive or follow up to previous recommendation):

Executive Order 12876 directed the NIH to assist the Secretary in meeting established objectives for Historically Black Colleges and Universities (HBCUs). HBCUs historically and currently, train more African American scholars than any other institutions of higher learning and are therefore national resources. This program is one of the NIH initiatives that implement the above referenced Presidential Executive Order.

Purpose:

The purpose of the HBCU Recruited Scientist award is to develop the interest and capacity of HBCUs to conduct rigorous drug abuse research in all areas of research supported by the NIDA. This award utilizes a cooperative agreement mechanism, allows HBCUs to recruit an established drug abuse researcher to develop a drug abuse research program, and to involve faculty and staff in the research. The HBCU must make institutional commitments to the goals and objectives of the program.

Target Populations Served:

The target population is the faculty and students at HBCUs supported by the program, and those persons who may become involved in the research to be conducted.

Number of People Served/Reached:

Programs are currently supported at four universities – Florida A&M University, Howard University, Morgan State University, and North Carolina Central University.

Dollars Involved by Fiscal Year:

FY1997: NA

FY1998: \$400,000 (to support Phase I; Phase II support will be \$2 million per year)

Expected or Reported Outcome and/or Impact:

It is expected that the institutions will become invested in biomedical/behavioral research related to drug abuse and will significantly contribute to the knowledge base on drug abuse and addiction. It is also expected that students and faculty participating in the program will become involved in drug abuse research, helping to decrease the under representation of minority scholars in biomedical and behavioral research.

Agency Contact Person (Title, Phone Number):

Lula Beatty, Ph.D.

Phone: (301) 443-0441

Fax: (301) 480-8179

*Workforce and Health Professions Development and Training***Program/Activity Title: Minority Supplements Program and Drug Abuse Research Development****Background/History (Congressional directive or follow up to previous recommendation):**

The NIH Revitalization Act of 1993 encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research. Accordingly a number of initiatives have been implemented to that are consistent with this encouragement, and the Underrepresented Minority Supplements Program is one of those initiatives.

Purpose:

The purpose of the Minority Supplements Program and Drug Abuse Research Development is to increase the number of underrepresented minorities participating in biomedical and behavioral research, in particular in areas related to drug abuse. The program provides administrative supplements to current NIDA grantees for the support of underrepresented individuals who are interested in gaining research knowledge and skills in drug abuse research. Support is provided to persons at any of the five levels of career development, e.g., high school, undergraduate school, predoctoral student, postdoctoral fellow, and investigators.

Target Populations Served:

Persons eligible for this award are those determined to be underrepresented in biomedical or behavioral research as it relates to drug abuse. This includes, but may not be limited to, African Americans, Hispanic Americans, Native American and Alaskan Natives, Pacific Islanders.

Number of People Served/Reached:

Approximately 100 persons have been supported over the last three years.

Dollars Involved by Fiscal Year:

FY1997: \$2.7 million

FY1998: \$3.0 million

Expected or Reported Outcome and/or Impact:

NIDA expects increased participation of underrepresented groups in drug abuse research, particularly in areas of research of need and significance for minority populations. There are several supplement recipients who are now investigators on competitive research grant awards.

Agency Contact Person (Title, Phone Number):

Dr. Lula Beatty

Phone: (301) 443-0441

Fax: (301) 480-8179

*Support of Minority-Serving Institutions***Program/Activity Title: Minority Institutions' Drug Abuse Research Development Program (MIDARP)****Background/History (Congressional directive or follow up to previous recommendation):**

Executive Orders 12876, 12900, and 13021 directed the NIH to assist the Secretary in meeting established objectives for Historically Black Colleges and Universities (HBCUs), for Hispanic Americans, and for Native Americans and Alaska Natives, respectively. ring that tribal colleges and universities are more fully recognized as accredited institutions—having access to opportunities afforded other institutions—. These objectives include 1) strengthening minority serving institutions with particular emphasis on enhancing institutional infrastructure and facilitating planning, development and the use of new technologies to ensure the goals of long-term viability and enhancement; and 2) meeting the annual goal for the amount of funds to be awarded in grants, contracts, or cooperative agreements to minority serving institutions and Tribal Colleges and Universities. When NIDA was an institute within the now abolished Alcohol, Drug Abuse and Mental Health Administration the MIDARP was offered as the Minority Institutions Research Development Program (MIRDP).

Purpose:

The purpose of the MIDARP is to develop the capacity of minority serving institutions and their faculty, staff and students to conduct rigorous drug abuse research in all areas of research supported by the NIDA, which includes neuroscience, behavioral, clinical, social science, public health, biological, HIV/AIDS, and health services areas.

Target Populations Served:

Participating institutions include those with traditionally high (more than 50 percent) minority (Black, Hispanic, Native American or Alaskan Native, Asian or Pacific Islander) student enrollment; institutions with a substantial enrollment of minority students (e.g., 25% in each of the previous four years); and Indian tribes, in conjunction with one or more institutions of higher learning, which offer undergraduate and graduate degrees in disciplines relevant to drug abuse; or institutions with significant mission-oriented programs for minority students.

Number of People Served/Reached:

Programs are currently supported at four universities.

Dollars Involved by Fiscal Year:

FY1997: 0

FY1998: Data Pending

Expected or Reported Outcome and/or Impact:

It is expected that students and faculty participating in the program will become involved in drug abuse research, helping to decrease the under representation of minority scholars and institutions in biomedical and behavioral research.

Agency Contact Person (Title, Phone Number):

Dr. Lula Beatty

Phone: (301) 443-0441; Fax: (301) 480-8179

*Workforce and Health Professions Development and Training***Program/Activity Title: Resource Centers for Minority Aging Research (RCMARS)****Background/History (Congressional directive or follow up to previous recommendation):**

RCMARS are broadly multi disciplinary and support the following type activities: conduct of research, recruitment of minorities for training on ongoing projects, and information dissemination. In particular, the centers are structured to support collaborative research between majority and minority institutions and to explicitly mentor researchers in the conduct of research on the health of the aging minority population through a series of funded pilot studies. Trainees are expected to work to submit independent R01 type proposals. This initiative is consistent with the NIH Revitalization Act of 1993, which encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research.

Purpose:

The goal of the RCMARs is to create a research infrastructure around three objectives: 1) to establish a mechanism for mentoring researchers for careers in research on the health of minority elders, 2) to enhance diversity in the professional workforce conducting research on the health of minority elders and 3) to develop and deploy strategies for recruiting and retaining minority group members in epidemiological, psycho social, and/or biomedical research dealing with the health of the elderly.

Target Populations Served:

Nationally, individuals who have been found to be under represented in biomedical or behavioral research which include, but are not limited to United States citizens who are African Americans, Hispanic Americans, native Americans and Alaska Natives and natives of the U.S. Pacific Islands.

Number of People Served/Reached:

Seven pilot studies, each with one or more minority investigators; 11 research projects with external funding, each with one or more minority investigators and graduate students at four North Carolina universities and satellite campuses that are targeted for education and/or participation opportunities in research (approximately 100 + professionals). Minority study subjects in North Carolina - estimate at least 1200 for all studies combined, primarily African Americans with a smaller group of Hispanic Americans.

Dollars Involved by Fiscal Year:

FY1997: NINR \$137,700; ORMH \$450,000

FY1998: NINR \$218,882; ORMH \$450,000

Expected or Reported Outcome and/or Impact:

Decrease the disparity in minority health and its social sequelae for older people.

Agency Contact Person (Title, Phone Number):

Dr. Nell Armstrong, Scientific Program Administrator, NINR

Phone: (301) 594-5973

*Workforce and Health Professions Development and Training***Program/Activity Title: NIDCD Partnership Program****Background/History (Congressional directive or follow up to previous recommendation):**

The National Institute on Deafness and Other Communication Disorders (NIDCD) Partnership Program was implemented, in collaboration with the Office of Research on Minority Health (ORMH), to provide comprehensive research and training opportunities for qualified under represented minorities in biomedical and behavioral research. This comprehensive research and training demonstration program began in 1994 with four academic centers with large enrollments of minority persons: The Morehouse School of Medicine/Atlanta University Complex, the University of Alaska, the University of Puerto Rico, and Gallaudet University. This program is consistent with and responsive to the language of the NIH Revitalization Act of 1993 that encourage the NIH to increase the number of under represented minorities participating in biomedical and behavioral research.

Purpose:

The objective of the NIDCD Partnership Program is to provide support for improvement of curriculum and current research activities, and for the exchange of students, scientists, and administrators in order to maximize the opportunities for under represented minorities to participate in fundamental and clinical research in human communication. Program objectives enable NIDCD staff to: understand better the complexities of problems in the mission areas of the NIDCD being addressed by minority individuals and institutions; jointly develop strategies with the academic centers for establishing new and innovative programs and improving present research and training activities; recommend activities for students, faculty and administrators for career development; recruit and retain individuals from under represented groups to careers in the disciplines served by the NIDCD and provide opportunities at the Institute's Headquarters in Bethesda, Maryland; and promote NIDCD extramural and intramural staff career development.

Target Populations Served:

The target population is those individuals who previously have been under represented in biomedical and behavioral research, including but not limited to African Americans, Hispanic Americans, Native Americans and the deaf community.

Number of People Served/Reached:

In FY 1998, eleven students.

Dollars Involved by Fiscal Year (x 1,000):

FY1997: \$791

FY1998: \$834

Expected or Reported Outcome and/or Impact:

Increased minority access to research careers in human communication.

Agency Contact Person (Title, Phone Number):

Ms. Kay Johnson, NIDCD EEO Coordinator

Phone: (301) 496-3403

Research**Program/Activity Title: Epidemiology of Asthma in Hispanic Populations****Background/History (Congressional directive or follow up to previous recommendation):**

During the past decade, morbidity and mortality from asthma has increased sharply, particularly among Hispanics and appears to have had a disproportionate impact on persons of Puerto Rican descent. Data from the 1982-1984 NHANES survey indicate that for children aged 6 months to 11 years, the point prevalence rate for persons of Cuban extraction was 2.2% and for Mexican Americans (in the southwest) it was 2.7%, whereas for persons of Puerto Rican descent (New York City) it was 11.2%. The reasons for these differences are complex and a variety of risk factors such as physiology, culture, behavior, environment, and socioeconomic status need to be defined and their roles delineated. The implementation of this NHLBI/ORMH initiative is consistent with the mission of the Office, which is to address the improvement of the health of minorities across the life span, including infant, children, adolescent, young adult, and older populations.

Purpose:

This study is aimed at increasing our understanding of the etiology and pathophysiology of asthma in the Hispanic population. Specifically the biologic, immunologic, and other risk factors affecting the development of asthma will be investigated and a number of factors clarified such as variability in clinical presentation, diagnosis, and treatment effectiveness.

Target Populations Served:

Hispanic Americans of Puerto Rican decent.

Number of People Served/Reached:

The study anticipates recruiting approximately 500 Hispanic participants, aged 5-10, of whom approximately 225 are expected to be of Puerto Rican descent.

Dollars Involved by Fiscal Year (x 1,000):

FY1997: 0

FY1998: \$375

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge that will lead to effective preventative, educational, and therapeutic interventions.

Agency Contact Person (Title, Phone Number):

Dr. Carl Roth,

Director of Scientific Program Operation, NHLBI

Phone: (301) 496-6331

*Health Information and Health Promotion***Program/Activity Title: Asian and Pacific Islander American Health Education Initiative****Background/History** (*Congressional directive or follow up to previous recommendation*):

The Office of Research on Minority Health was urged in Senate Report Language to "ensure that research involving native Hawaiians, Asian, and Pacific Islanders be given full consideration and that they be included in the Minority Health Initiative. (1996) This initiative responds to that encouragement. NHLBI proposes to conduct two planning workshops to assess and identify potential partners at the national, state, and local level. One planning workshop will be held on the West coast in collaboration with the Asian and Pacific Islander Americans Health Forum and the other will be held on the East coast with the New York-based Chinatown Health Clinic and other umbrella organizations. These organizations promote and sponsor programs to improve the health status of the Asian population and would be key players in forming an alliance to promote heart health among Asian and Pacific Islander Americans.

Purpose:

The purpose of this initiative is to assess the feasibility of developing a series of health education and disease prevention activities to promote heart health in Asian and Pacific Islander Americans.

Target Population Served:

Asian and Pacific Islander Americans.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

FY1997: 0

FY1998: \$100,000

Expected or Reported Outcome and/or impact:

Dissemination of information aimed at improving the cardiovascular health of Asian and Pacific Islander Americans.

Agency Contact Person (*Title, Phone Number*):

Robinson Fulwood, M.S.P.H.

Phone (301) 496-0554

Research**Program/Activity Title: Inflammatory and Infectious Origins of Atherosclerosis in American Indians**

Background/History (Congressional directive or follow up to previous recommendation):
Several lines of evidence suggest that an inflammatory process is involved in the etiology of atherogenic cardiovascular disease (CVD). For example, elevated levels of a protein that serves as an indicator of inflammation, C-reactive protein, is associated with atherogenic CVD, same studies suggest a relationship with infections involving several common pathogens, and still other studies have identified serologic and molecular evidence of Chlamydia pneumoniae infection is coronary and carotid artery atherosclerosis. The current initiative is particularly relevant to Native Americans because this group represents a minority population with high exposure to infectious diseases. In addition, cardiovascular disease has been targeted by the Secretary (Department of Health and Human Services) and President (President's Race Initiative) as one five areas in which to eliminate the disparities in minority health by the year 2010.

Purpose:

The purpose of this NHLBI/ORMH ancillary study is to investigate the role of common infections in the promotion of atherosclerosis among participants in the Strong Heart Study, a multi-center longitudinal study of cardiovascular disease in 45-74 year old American Indian men and women. Six serologic measures of infection will be studied: Herpes simplex virus type 1 (HSV1), HVS2, hepatitis A virus, cytomegalovirus, Helicobacter pylori, and Chlamydia.

Target Populations Served:

American Indian men and women

Number of People Served/Reached:

600 participants, American Indian men and women

Dollars Involved by Fiscal Year:

FY1997: 0

FY1998: \$204,000

Expected or Reported Outcome and/or Impact:

This study will elucidate the associations of these pathogens and inflammatory response measures with clinical and subclinical disease measures.

Agency Contact Person (Title, Phone Number):

Dr. Richard R. Fabsitz, Program Scientist

Phone: (301) 435-0458

Research**Program/Activity Title: Jackson Heart Study****Background/History (*Congressional directive or follow up to previous recommendation*):**

Hypertension is the most common out-patient diagnosis. Its prevalence in the Southeast is higher than in the rest of the nation, especially in African-Americans, who have approximately a 35 percent prevalence of this cardiovascular disease (CVD) – the states with the highest rates for congestive heart failure are all in the Southeast. Hypertension is also the most important preventable risk factor for coronary heart disease, stroke, and end-stage renal disease, all of which are manifestations of hypertension-induced vascular injury. Accordingly, CVD has been targeted by the Secretary (Department of Health and Human Services) and President (*President's Race Initiative*) as one five areas in which to eliminate the disparities in minority health by the year 2010. In addition, the NIH Revitalization Act of 1993 encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research. The Jackson Heart Study addresses the goal of eliminating the disparities in minority health as well as the increasing the participation of minorities in biomedical research.

Purpose:

The major objectives of the Jackson Heart Study are:

- Establish a field site in Jackson, Mississippi similar to the ones established for the Framingham Heart Study and to identify risk factors for development and progression of CVD, with emphasis on manifestations related to hypertension (left ventricular hypertrophy), congestive heart failure, coronary disease, stroke and renovascular disease;
- Enhance cohort retention and scientific productivity of the existing Jackson site of the Atherosclerosis Risk in Communities (ARIC) study and develop methods for enhancing recruitment and retention in JHS; and
- Expand minority participation in CVD epidemiology research by building research capabilities at minority institutions, developing partnerships between minority (Jackson State University/Tougaloo College) and majority institutions (University of Mississippi Medical Center), and attracting minority students to careers in public health and epidemiology.

Target Populations Served:

African American men and women

Number of People Served/Reached:

Approximately 6,000 new participants in the age range of 35-84 years of age plus the 2,000 currently active participants from the original ARIC cohort.

Dollars Involved by Fiscal Year (x 1,000):

FY1997: 0

FY1998: \$579

Expected or Reported Outcome and/or Impact:

Discovery of new knowledge that will help to eliminate disparities in the burden of CVD in racial and ethnic minority populations.

Agency Contact Person (*Title, Phone Number*):
Dr. Terry Manolio, NHLBI, EC
Phone: (301) 435-0707

Workforce and Health Professions Development and Training**Program/Activity: NCI/MARC Summer Training Program****Background/History (*Congressional directive or follow up to previous recommendation*):**

The NCI/MARC Summer Training Program is an extension of a co-funding process where the NCI in collaboration with the National Institute of General Medical Sciences (NIGMS) supports the Minority Access to Research Program, a longstanding initiative that provides support for research training to minority individuals and institutions and conference grants to further address and enhance the mission of the NCI.

Purpose:

The purpose of this initiative is to increase research training opportunities at the NCI intramural laboratories for under represented minority scholars and to increase the number of minority scholars entering cancer-related research careers through the influence of short-term laboratory training at the NCI.

Target Populations Served:

African Americans, Hispanic Americans, Asian American/Pacific Islanders, Native Americans/Alaska Natives

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

It is anticipated that this program will increase the number of under represented minority students entering graduate and professional schools and thereby increase the representation of these individuals in the health professions workforce.

Agency Contact Person (*Title, Phone Number*):

Ms. Bobby Rosenfeld, NCI DEA

Office of Centers, Training, and Research Resources

National Cancer Institute

Phone: (301) 496-7344

FAX: (301) 402-4551

*Workforce and Health Professions Development and Training***Program/Activity Title: Mentored Career Development Award Program****Background/History (Congressional directive or follow up to previous recommendation):**

The NIH Revitalization Act of 1993 encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research. This initiative consistent with and responsive to that encouragement/advisement in terms of providing a mechanism through which mentors can foster the cancer research careers of outstanding, junior minority scientists. The mentor's institution must have well-established basic biomedical or behavioral and/or clinical cancer research programs funded by the NCI; and the candidate must devote at least 75 percent of his/her professional effort to cancer-related research and peer review pursuits consistent with the objectives of the award.

Purpose:

This initiative provides opportunities for research training experiences at the postdoctoral or junior faculty level; the focus in on gaining additional scientific expertise while bridging the transition from a mentored research environment to an independent research/academic career.

Target Populations Served:

Students and investigators determined by the grantee institution to be under represented in biomedical or behavioral research. This includes, but may not be limited to, African Americans., Hispanic Americans, Native American and Alaskan Natives, Pacific Islanders, and other ethnic or racial group members who have been found to be under represented in biomedical or behavioral research nationally.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

This award is intended to support under represented minority scientists and enhance the likelihood of success for junior under represented minority investigators who have committed to basic, biomedical, clinical, prevention and population-based careers in cancer research.

Agency Contact Person (Title, Phone Number):

Dr. Sanya A. Springfield, Comprehensive Minority Biomedical Program, NCI

Phone: (301) 496-7344; Fax: (301) 402-4551

Research

Program/Activity Title: Diet, Lifestyle and Cancer in U.S. Special Populations (PA-98-028)

Background/History (*Congressional directive or follow up to previous recommendation*):

Racial and ethnic minorities, rural, older, low income and low-literacy groups in the United States experience a disproportionate burden of cancer; and accordingly, the Secretary (Department of Health and Human Services) and President (*President's Race Initiative*) have targeted cancer as one of five areas of focus for eliminating disparities in health. Overall, age-adjusted cancer incidence rates in men range from 196 for American Indians (New Mexico) to 560 for African Americans per 100,000 population. In women, cancer incidence rates range from 180 for American Indians (New Mexico) and Koreans to 350 for White non-Hispanic women per 100,000 population. The reasons for the disparities may be differences in environmental exposures, socioeconomic factors, modifiable behavioral risk factors (such as diet, smoking, etc.), access and utilization of screening, treatment and rehabilitation services, and the presence of inherited susceptibilities.

Purpose:

The purpose of this program is to stimulate epidemiologic studies of cancer etiology and behavior in special populations of the U.S. Epidemiologic studies have provided clues about the influence of environmental exposures and cultural/lifestyle factors in cancer causation; however the specific role of dietary practices and nutritional status in host susceptibility needs to be clarified.

Target Populations Served:

African Americans, American Indians, Alaska Natives, Asian and Pacific Islanders, native Hawaiians, Hispanics, rural, older, low income and low-literary groups. These groups experience unusually high cancer incidence and mortality for some cancer sites.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact: The development of new knowledge that will serve to decrease and/or eliminate the disparity in the incidence, prevalence, and morbidity due to cancer among special populations of the US.

Agency Contact Person (*Title, Phone Number*):

Dr. A. R. Patel

Phone: (301) 496-9600

*Workforce and Health Professions Development and Training***Program/Activity Title: Minority Dissertation Research Grants in Aging****Background/History (*Congressional directive or follow up to previous recommendation*):**

The NIH Revitalization Act of 1993 encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research. This initiative responds to that encouragement/advisement by providing training support for under represented minority doctoral candidates.

Purpose:

The goal is to support doctoral dissertation research for under represented minority doctoral candidates and to encourage under represented minority individuals from a variety of academic disciplines and programs to conduct research related to aging.

Target Populations Served:

Students and investigators determined by the grantee institution to be under represented in biomedical or behavioral research. However, priority will be given to dissertation candidates such as African Americans, Hispanic Americans, Native American and Alaskan Natives, Pacific Islanders, and other ethnic or racial group members who have been found to be under represented in biomedical or behavioral research nationally.

Number of People Served/Reached:

Number Served = 12

Dollars Involved by Fiscal Year:

FY1997: \$141,801

FY1998: \$ 90,418

Expected or Reported Outcome and/or Impact :

Expansion of the number of under represented independent minority researchers developing research programs that focus on aging-related issues such as: Biology of aging - molecular biology of aging, impact of environmental, genetic factors, etc. Neuroscience and Neuropsychology of Aging - age related changes in the nervous system (structure and function), study of Alzheimer's disease and other aging related disorders, etc. Geriatrics - Clinical issues/problems that occur predominantly among middle-aged and older persons (i.e., cardiovascular and pulmonary diseases, physical function and performance, etc. Behavioral/social research - promoting health, productivity, independence, etc.

Agency Contact Person (*Title, Phone Number*):

Dr. Robin A. Baff, Office of Extramural Affairs, NIA

Phone: (301) 496-9322; Fax: (301) 402-2945

Research

Program/Activity Title: Aging, Race, and Ethnicity in Prostate Cancer

Background/History (*Congressional directive or follow up to previous recommendation*):

Ethnic and racial minorities bear a disproportionate burden of prostate cancer in terms of incidence and prevalence and accordingly, the Secretary(Department of Health and Human Services) and President (*President=s Race Initiative*) have targeted prostate cancer as one of five areas for reducing disparities. Prostate cancer has the highest incidence of any tumor affecting men in the United States. The incidence rate for black men is 180.6 (per 100,000) compared to that of 134.7 for white men; however, the incidence rates for men of other race and ethnic backgrounds are much lower: Hispanics, 89; Japanese, 88, American Indian, 52,5; Alaskan Native, 45; Chinese, 46.0; Filipino, 69.8; Hawaiian, 57.2; Vietnamese, 40.0 and Korean, 24.2.

Purpose:

The purpose of this announcement is to encourage the research community to take advantage of scientific knowledge and expertise developed in biology, gerontology, oncology, urology and other disciplines and professions and to apply these resources to aging relevant research questions on the early diagnosis management, and etiology of prostate cancer for aging males of different races and minority backgrounds.

Target Populations Served:

Aging males of different races and minority backgrounds, including but not limited to older white and black American men. By contrast, the rates for prostate cancer is much lower in men of Hispanic and Asian descent.

Number of People Served/Reached:

Data Pending

Dollars Involved by Fiscal Year:

Data Pending

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

The above referenced program announcement is intended to stimulate research that will increase scientific knowledge on prostate cancer in older men and in particular the age-related aspects of the etiology of this malignancy. Overall, the knowledge gained is expected to decrease and/or eliminate the disparity in the incidence and prevalence and morbidity of prostate cancer in racially and ethnically minority populations.

Agency Contact Person (*Title, Phone Number*):

Dr. Rosemary Yancik

Phone: (301) 496-5278

Research/Supporting Educational Institutions

Program/Activity Title: Center for Collaborative Research on Genome Analyses of Complex Diseases that Disproportionately affect African Americans

Background/History (*Congressional directive or follow up to previous recommendation*):

There is a paucity of standardized, population-based data on genetic and epidemiologic factors contributing to the disproportionate increase in complex diseases such as cancer and diabetes in African-Americans. In view of the present lack of clarity concerning genes involved in determining susceptibility to complex diseases and their disproportionate effect in African-Americans, it seems appropriate to collect families and population-based information in a way that maximizes the participation of African American physicians, research scientists and the community. This initiative is consistent with Senate and House report language which urge the promotion of health of minorities, particularly on the genetics of diabetes and the treatment and prevention of diabetes in minority populations. The initiative is also responsive to the language in the NIH Revitalization Act of 1993, which encourages the NIH to increase the number of under represented minorities participating in biomedical and behavioral research.

Purpose:

To identify the genes underlying susceptibility to common diseases such as diabetes and prostate cancer and increase understanding of the function of these genes and their interaction with environmental factors. The initiative also facilitates capacity building in genetic research with Howard University, an HBCU in the Washington D.C. area, with the assistance of the Office of Research on Minority Health. Training and education of young African-American scientists is also a priority in this initiative.

Target Populations Served:
African Americans

Number of People Served/Reached:

Each of five recruitment sites will recruit 65 affected sib pairs in the NIDDM study for a total of 400 affected sibling pairs including data from the pilot study. Approximately 100 multiplex hereditary prostate cancer (HPC) pedigrees will be recruited for the HPC study, each with at least 4 affected males, 3 of which must be available for testing.

Dollars Involved by Fiscal Year:

FY1997: \$2,151,054

FY1998: \$2,356,100

Expected or Reported Outcome and/or Impact:

Improvement in the management and treatment of diabetes in African Americans and possible other populations in the U.S.

Agency Contact Person (*Title, Phone Number*):

Dr. Kate Berg,

Office of Genome Ethics and Special Populations Research,

Phone: (301) 534-2481

Workforce and Health Professions Development and Training

Program/Activity Title: Initiative for Minority Student Development

Background/History (Congressional directive or follow up to previous recommendation):

The Initiative for Minority Student Development is an institutional program that provides research training opportunities for qualified under represented minorities at various point along the educational pipeline for the purpose of facilitating their progress toward competitive research careers. The under representation of minorities in the health (and health research) professions, says a 1994 Institute of Medicine study, is but one indicator of a failure to recognize and develop fully the human resources of our diverse population. Accordingly, this training initiative is part of the NIH's overall strategy for increasing the participation of under represented minorities in health research careers. This program is consistent with and responsive to the language in the NIH Revitalization Act of 1993 that encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research.

Purpose:

This initiative seeks to encourage the development and/or expansion of innovative programs to improve the academic and research competitiveness of under represented minority students at the undergraduate, graduate and postdoctoral levels and to facilitate their progress toward careers in biomedical research. Programs developed under this initiative must be specifically designed to target under represented minority students majoring in the biomedical sciences or in medical, dental, or veterinary training who are interested in pursuing research careers.

Target Populations Served:

Under represented minority students that belong to a ethnic or racial groups that have been determined by the grantee institution to be under represented in biomedical or behavioral research. Nationally, individuals who have been found to be under represented in biomedical or behavioral research include, but are not limited to United States citizens who are African Americans, Hispanic Americans, Native Americans and natives of the U.S. Pacific Islands.

Number of People Served/Reached:

Dollars Involved by Fiscal Year:

FY1997:

FY1998:

Expected or Reported Outcome and/or Impact:

Increased numbers of minority students moving through the educational pipeline at all levels; and an increased number of minority scientists involved in independent research.

Agency Contact Person (Title, Phone Number):

Dr. Adolphus Toliver

Division of Minority Opportunities in Research, NIGMS

Phone: (301) 594-3900

Workforce and Health Professions Development Training

Program/Activity Title: MBRS Research Initiative for Scientific Enhancement (RISE)

Background/History (*Congressional directive or follow up to previous recommendation*):

The RISE program replaces and expands upon the student development component of the traditional and undergraduate Minority Biomedical Research Programs, initiatives that support research activities at minority and minority serving institutions. The focus is on providing opportunities for enhancing or developing the research and/or research education capabilities of minority serving institutions. This is accomplished through the support of activities that complement and strengthen research programs. This RISE program is consistent with and responsive to the language of the NIH Revitalization Act of 1993 that encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research.

Purpose:

The RISE program provides support for the following faculty and student activities: interdisciplinary biomedical seminars, specialty courses on research methodologies, travel to scientific meetings, support for on-campus research experiences in established labs during the academic year, and support for off-campus research experiences during the summer at research intensive institutions.

Target Populations Served:

Individuals who have been found to be under represented nationally in biomedical or behavioral research, including but not limited to US citizens who are African Americans, Hispanic Americans, Native Americans and natives of the US Pacific Islands.

Number of People Served/Reached:

	Faculty	Graduate Students	Undergraduates
FY1997	601	391	657
FY1998	701	701	1022

institutions supported by MBRS 1997 (105); 1998 (112)

Dollars Involved by Fiscal Year:

FY 1997: \$52.4 M (all MBRS)

FY 1998: \$59.9M (all MBRS)

Expected or Reported Outcome and/or Impact

Capacity building that results in increased capability of minority serving institutions to support research and research-related activities, and enhanced preparation of minority students for graduate training in the biomedical and behavioral sciences.

Agency Contact Person (*Title, Phone Number*):

Dr. Ernest Marquez,
Director, MBRS Program
Phone: (301) 594-3900

Support of Minority-Serving Educational Institutions

Program/Activity Title: Minority Biomedical Research Support of Continuous Research Excellence

Background/History (*Congressional directive or follow up to previous recommendation*):

The Minority Biomedical Research Support of Continuous Research Excellence Program (MBRS SCORE) recognizes the diversity in the missions and environments at minority and minority serving institutions. Therefore, potential applicant institutions are strongly encouraged to take full advantage of their strengths by setting goals and measurable objectives that are within the scope of their missions. The only requirement is that their objectives must be consistent with the overall objectives of this initiative. The SCORE program replaces the research component and pilot research projects of the traditional MBRS program, and by eliminating/modifying some of the restrictions of the previous program, greater flexibility is provided in the development of research projects. The MBRS SCORE program is part of the NIH's overall strategy for increasing the participation of underrepresented minorities in health research careers. And accordingly, this initiative is consistent with and responsive to Senate and House report language that place special emphasis on MBRS programs.

Purpose:

The purpose of the MBRS SCORE program is to provide financial assistance to competitive research programs in all areas of biomedical and behavioral research at institutions with significant underrepresented minority student enrollment.

Target Populations Served:

I Institutions serving traditionally high (more than 50 percent) minority (Black, Hispanic, Native American or Alaskan Native, Asian or Pacific Islander) student enrollment; institutions with a substantial enrollment of minority students (e.g., 25% in each of the previous four years); and Indian tribes, in conjunction with one or more institutions of higher learning

Number of People Served/Reached:

Dollars Involved by Fiscal Year:

FY1997

FY1998

Expected or Reported Outcome and/or Impact:

Increased participation of under represented minorities in biomedical and behavioral research through building research capacity and the development of sustainable and productive research programs at minority and minority-serving institutions.

Agency Contact Person (*Title, Phone Number*):

Dr. Ernest Marquez, Director, MBRS Program

Phone: (301) 594-3900

Workforce and Health Professions Development and Training

Program/Activity Title: MARC Undergraduate Student Training in Academic Research

Background/History (*Congressional directive or follow up to previous recommendation*):

The Minority Access to Research Careers (N/IARC) Undergraduate Student Training in Academic Research (U-STAR) Program replaced the previous long-running MARC Honors Undergraduate Research training (HURT) Program. The difference between this program and the preceding initiative is that freshman and sophomore trainee ships are not provided and appointments of up to 24 months are strongly encouraged. In addition, recognizing the diversity in institutional environments and missions, the emphasis is on providing opportunities for applicant institutions to develop programs with measurable goals and objectives that utilize their strengths. The only requirement is that the institutional objectives for individual MARC U-STAR programs must be consistent with those this initiative. For example, the applicant institution should be able to demonstrate the benefits of the program on the recruitment, development, retention, graduation rates, and career outcomes of its students in the biomedical sciences and mathematics. This initiative is consistent with and responsive to the language of the NIH Revitalization of 1993 that encouraged the NIH to increase the number of under represented minorities participating in biomedical and behavioral research.

Purpose:

It is the intent of the MARC U-STAR program to address the deficiency of, and the anticipated crisis regarding the paucity of minority students earning degrees in biomedical sciences and mathematics. The latter is to be accomplished by the support of activities which enhance the science course curriculum, provide research training opportunities, and aid in the development of research training infrastructure at minority serving institutions.

Target Populations Served:

Individuals that are under represented in the biomedical sciences and mathematics. Nationally, these include, but are not limited to African Americans, Hispanic Americans, native Americans, and natives of the US pacific Islands.

Number of People Served/Reached:

Students supported:

1997-540

1998-618

Dollars Involved by Fiscal Year:

FY1997: \$18.748 million

FY1998: \$18.901 million

Expected or Reported Outcome and/or Impact :

To improve the preparation of under represented minority students for graduate training in the biomedical sciences.

Agency Contact Person (*Title, Phone Number*):
Dr. Adolphus Toliver,
Director, MARC Program, NIGMS
Phone: (301) 594-3900

ATTACHMENT 7

Substance Abuse and Mental Health Services Administration

Minority Health Activities
Report to Congress

Agency Name: Substance Abuse and Mental Health Services Administration (SAMHSA)

Title of the Program or Program Activity:

Grant Funding to Improve Access to and Utilization of Substance Abuse and Mental Health Prevention, Intervention and Treatment Services to Diverse Ethnic and Minority Populations

Background/History of the Activity:

One of the challenges faced by SAMHSA and by the mental health and substance abuse service delivery systems is to reach those individuals and communities who are most in need due to the barriers that they experience. The following activities were carried out to break those barriers and increase service utilization among African-Americans, Asian American and Pacific Islanders, Latinos, and American Indian and Alaska Native populations:

Purpose of the Activity: Residential Women and Childrens' Grant Program

This program is designed to reduce alcohol and other drug use by enhancing the socio-economic well being of women and children by providing employment, access to housing, mental health and other services. In FY 1997, SAMHSA supported 13 grants for a total of approximately \$3.3 million to racial/ethnic minorities. In FY 1998, four awards were issued to African American, Hispanic and American Indian and Alaska Native organizations. Contact person: Jane Taylor, Ph.D. (301) 443-6534.

Purpose of the Activity: Rural Remote and Culturally Distinct Grant Program

This program supports model systems of substance abuse and/or dependence intervention, treatment, and recovery services for rural, remote, or culturally distinct populations. A key focus of the program is the development of objective outcome measures and the utilization of evaluation data for program management and decision making. Expected outcomes include enhanced access, increased effectiveness of treatment and recovery, coordination and integration of services. In FY 1997, SAMHSA funded six grants totaling \$4.5 million to five American Indian and Alaska Native projects and one Asian American and Pacific Islander project. In FY 1998, approximately \$2 million was awarded to three American Indian and Alaska Native projects. Contact person: Clifton Mitchell (301) 443-8804.

Purpose of the Activity: Addiction Technology Transfer Centers (ATTC)

In FY 1993, SAMHSA created a network of 11 geographically dispersed Addiction Technology Transfer Centers (ATTCs) covering 24 States and Puerto Rico to develop competent multidisciplinary practitioners reflective of the treatment population. This program is designed to: (1) develop a network of ATTCs responsible for supporting an interdisciplinary consortium of health care and related professionals, educators, organizations, and State and local governments knowledgeable about research; (2) shape systems of care; (3) develop competent health care and related professionals; (4) upgrade standards of professional practice for addiction treatment providers. In both FY 1997 and 1998, SAMHSA awarded an ATTC grant to The Universidad del Caribe in Bayamon, Puerto Rico totaling approximately \$600,000. Contact person: Roger Straw, Ph.D. (301) 443-1919.

Purpose of the Activity: Targeted Capacity Expansion

In FY 1998, SAMHSA initiated the Targeted Capacity Expansion Grant Program and awarded 41 grants to municipal, county, State, tribal governments, and their respective service providers to close the gap in treatment for emerging substance abuse problems in 22 States. These grantees provide services for substance abusing women and their children, families participating in welfare reform programs, juvenile and adult criminal justice-referred offenders, dually-diagnosed offenders, substance abusing physically and cognitively challenged individuals, and hard-to-reach intravenous drug users. Of those grants initially funded, five were targeted to address special needs of Hispanics, five targeted to African Americans, and ten targeted to American Indian and Alaska Natives populations for a total of approximately \$10 million. Contact person: Clifton Mitchell (301) 443-8804.

Purpose of the Activity: Pregnant and Post-partum Women Grant Program

This program is designed to promote safe and healthy pregnancies and perinatal outcomes by decreasing alcohol and other drug use among pregnant women, as well as reduce patient morbidity and mortality, especially with regard to HIV, TB and STDs. It also enhances cognitive development of infants and children with intra-uterine exposure to alcohol and other drugs. In FY 1997, SAMHSA awarded six African American targeted projects for a total of approximately \$4.6 million, one American Indian and Alaska Native project for approximately \$600,000, and one Asian American and Pacific Islander project for approximately \$300,000.

No new funds were awarded in FY 1998. Contact person: Jane Taylor, Ph.D. (301) 443-6534.

Purpose of the Activity: HIV/AIDS Mental Health Services Demonstration Grant Program

The HIV/AIDS Demonstration Program addresses the needs of people with serious mental illness who are at risk for and/or living with HIV/AIDS and people who are experiencing severe psychological distress as a result of being informed that they are HIV positive. SAMHSA provided support to the Charles Drew Medical Center in Omaha, NE, for a total of approximately \$550,000 in FY 1997 to promote the development of community support systems for the long-term mentally ill, including inappropriately institutionalized individuals, mentally disturbed children and youth, those at risk for and/or living with HIV/AIDS and homeless individuals in communities. The targeted population for this grant is primarily African American. Contact person: Melvin Haas, M.D. (301) 443-2120.

Purpose of the Activity: Recovery Community Support Program

SAMHSA initiated this program activity in FY 1998 awarding grants to 19 State, provider and community-based organizations to enhance systems of care by strengthening service system's infrastructure, and improving the quality and availability of substance abuse treatment services. It is anticipated that the Recovery Community Support Program grantees will act as role models for participation and system building at the local, regional, and State levels. Of the three grants funded, two were awarded to American Indian and Alaska Native organizations (\$500,000) and one to a Hispanic grantee (\$100,000). Contact person: Howard R. Sampson (301) 443-3820.

Purpose of the Activity: Starting Early Starting Smart (SESS) Program

This program fosters collaboration between public and private agencies charged with providing physical and mental health promotion and substance abuse prevention and treatment services. The goal of the program is to integrate services and early intervention to improve outcomes for young children and their families who are affected by alcohol, drug abuse and mental health disorders. In FY 1997, three projects were awarded to African American communities for a total of approximately \$1.5 million, and the Hispanic, American Indian and Alaska Native and Asian American and Pacific Islander communities were each awarded approximately \$500,000 for this activity. Funding for

these projects is continued through FY 1998. Contact person: Pat Salomon, M.D. (301) 443-7762.

Purpose of the Activity: High Risk Youth Grant Program

This program is designed to assess the effectiveness of multifaceted strategies for preventing substance abuse in high-risk populations. The grant program includes three components: high risk youth; female adolescents; and a model replication program.

In FY 1997, eleven Asian American and Pacific Islander projects were awarded totaling approximately \$3.8 million; twenty-seven African American projects for approximately \$11.5 million; fifteen Hispanic projects for approximately \$5.3 million; and fourteen American Indian and Alaska Native projects for approximately \$4.6 million. In FY 1998, there were three Asian American and Pacific Islander projects funded for approximately \$1.1 million; eleven African American projects for approximately \$4.5 million; five Hispanic projects for approximately \$2.1 million; and six American Indian and Alaska Native projects for approximately \$1.8 million. Contact person: Rose Kittrell (301) 443-0353.

Purpose of the Activity: Community Partnership Program Grants

This program provides funding to communities to reduce the use of alcohol and other drugs through the building of coalitions of multiple agencies and organizations at the local level. The goal of the initiative is to study and evaluate models for partnership development that encourage community leaders, diverse organizations and interest groups to develop and coordinate effective prevention programs and initiatives. In FY 1997 two Asian American and Pacific Islanders projects were funded for approximately \$800,000; four African American and three Hispanic projects were funded for approximately \$1.5 million each. Contact person: Neal Brown, M.P.A. (301) 443-3653.

Purpose of the Activity: U. S. Mexico Border Initiative

In Fiscal Year 1997, SAMHSA received funding from the Office of National Drug Control Policy (ONDCP) to develop and implement the U.S.- Mexico Border Four-State Substance Abuse Initiative. States in this southwest region (Arizona, California, New Mexico and Texas) and local border communities are faced with the unique and diverse needs of their population (particularly, youth, their parents and families). In FY 1997 and FY 1998, four grants totaling approximately \$1.58 million were awarded for this purpose. Contact person: Dan Fletcher (301) 443-0369.

Purpose of the Activity: Circles of Care Grant Program

Circles of Care is a grant program funded in collaboration with the Indian Health Service, Department of Health and Human Services (DHHS), and the Office of Juvenile Justice Delinquency Prevention, and the Department of Justice. The goals of the *Circles of Care* initiative include: support of planning, design and assessment of mental health service systems that encourage family participation in developing a system that incorporates treatment options based on the values of Native American Indian and Alaska Natives and Alaska Native children and their families as well as the community served by the project. In FY 1998, SAMHSA awarded \$2.5 million in grants to nine tribal and urban American Indian and Alaska Native mental health projects. The grants will be used to Contact person: Jill Erickson (301) 443-1333.

Purpose of the Activity: Community Action Grant Program

In FY 1997, SAMHSA awarded three African American projects were awarded for a total of approximately \$500,000. In FY 1998, approximately \$1.5 million was awarded to eleven Hispanic community-based organizations to support the development and implementation of services for Hispanic adults and adolescents with mental health and/or substance abuse problems. Contact person: Santo Ruiz (301) 443-3653.

Title of the Program or Program Activity:

Knowledge of Best Practices to Serve Racial Ethnic Minority Groups, and Disseminate Culturally Competent Information

Background/History of the Activity:

A fundamental part of SAMHSA's mission is to generate and synthesize knowledge and promote its real world application. This includes improving services and policies, enhancing the knowledge of programs at the local level, educating the general public, and providing culturally competent information to communities and practitioners who deal with diverse populations. In keeping with these aspects of its mission, SAMHSA undertook the following knowledge development and dissemination activities:

A. Knowledge Development Activities:

Purpose of the Activity: State Needs Assessments of Asian American and Pacific Islanders
SAMHSA funded ten States to conduct small-scale State needs assessments of the substance abuse treatment needs of AAPI. Assessments were conducted in FY 1997 and 1998, and the total cost was \$50,000. Contact person: Bruce Grant, Ph.D. (301) 443-9396.

Purpose of the Activity: Pacific Basin Needs Assessments of AAPI citizens

SAMHSA funded needs assessments of the substance abuse treatment needs of AAPI citizens in FY 1998 for all six jurisdictions of the Pacific Basin region (American Samoa, Guam, Northern Marianas, Palau, Marshall Islands, and Micronesia.). The total cost of this activity in FY 1997 was \$144,000. Contact person: Bruce Grant, Ph.D. (301) 443-9396.

Purpose of the Activity: Special Study in Guam and the Mariana Islands

SAMHSA supported a special study of the nature and scope of the "ice" epidemic in Guam and the Mariana Islands during FY 1998. This study was conducted by an epidemiological team from Johns Hopkins University. A final report of findings is under development. The total cost of this activity was \$60,000. Contact person: Bruce Grant, Ph.D. (301) 443-9396.

Purpose of the Activity: Community Team Training Institute

SAMHSA's National Women's Resource Center conducted a specially designed Community Team Training Institute for eight Historically Black Colleges and Universities (HBCUs). The purpose of the training was to help the schools assess the need for and ways to establish a prevention program on each campus that focused on African American women's health. Contact person: Dr. Averette Mhoon Parker at (301) 443-0316.

B. Dissemination Activities

Purpose of the Activity: Mental Health and Managed Care Standards

SAMHSA developed an annotated bibliography addressing mental health and managed care standards for Asian American and Pacific Islanders, persons of African descent, Latino, American Indian and Alaska Native populations. These publications are currently available in draft. Contact person: Harriet McCombs, Ph.D. (301) 443-7790.

Purpose of the Activity: Expand Mental Health and Substance Abuse Awareness among Latinos

SAMHSA has undertaken a major outreach to Hispanic Communities by supporting six special editions in the Hispanic magazine, *Pro Salud*. The magazine reaches approximately 430,000 households in seven major Hispanic markets. The cost of this activity was \$150,000 in FY 1998. Contact person: Mark Weber (301) 443-8956.

Purpose of the Activity:	Spanish Language Information Services
	SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) provides Spanish language information services and tailored technical assistance services to Hispanic/Latino communities and the media in response to the ONDCP's National Youth Anti-Drug Media Campaign. Contact person: Nelia Nadal (301) 443-7410.
Purpose of the Activity:	"Prevalence of Substance Use Among Racial Ethnic Subgroups in the U.S., 1991-1993"
	In June 1998, SAMHSA released a publication entitled <i>Prevalence of Substance Use Among Racial Ethnic Subgroups in the U.S., 1991-1993</i> . This report presents data on racial/ethnic patterns of substance use in the U.S., based on 1991-1993 data from SAMHSA's National Household Survey on Drug Abuse. The report analyzes the prevalence of substance use, alcohol dependence, and the need for illicit drug abuse treatment within the following eleven racial/ethnic subgroups: Native Americans, Asian/Pacific Islanders, non-Hispanic blacks, non-Hispanic whites and seven subgroups of Hispanics: Caribbeans, Central Americans, Cubans, Mexicans, Puerto Ricans, South Americans, and Other Hispanics. Contact person: Beatrice Rouse, Ph.D. (301) 443-8005.
Purpose of the Activity:	<i>September 1998 Treatment Month!</i> Campaign
	SAMHSA produced award-winning television and radio public services announcements to address substance abuse and mental health issues of the Latino community in both English and Spanish, re-broadcasted during the <i>September 1998 Treatment Month!</i> Campaign. Contact person: Mark Weber (301) 443-8956.
Purpose of the Activity:	Cultural Competence in Mental Health Systems
	In FY 1998, SAMHSA supported a program to provide guidance to States and county mental health systems serving diverse ethnic and racial minority populations. The purpose of this activity was to develop cultural competence methods and data strategies to assess the quality of mental health systems of care available to ethnic and racial minority communities. Contact person: Harriet McCombs, Ph.D. (301) 443-7790.
Purpose of the Activity:	Spanish Health Promotion Video
	SAMHSA collaborated with the National Council of La Raza to support the development of a Spanish health promotion video to address substance

abuse and mental health issues of the Latino community. The total cost of this video was \$7,000. Contact person: Mark Weber (301) 443- 8956.

Title of the Program or Program Activity:

Training and Technical Assistance to Meet the Needs of Minority Groups and Institutions, and Effective Outreach Strategies

Background/History of the Activity:

Improving mental health and substance abuse prevention and treatment services depends largely on the knowledge and skills of providers, affected individuals and their family members. Lack of appropriate and culturally competent training can negatively affect the outcome of prevention and treatment interventions. Since there is a shortage of trained racial and ethnic minority mental health and substance abuse providers, SAMHSA has addressed this issue by implementing the following activities:

Purpose of the Activity: Strengthen Capacity of Minority Institutions

SAMHSA has entered into an Interagency agreement with The Minority Health Professions Foundation (MHPF), to strengthen the capacity of Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs) and Tribal Colleges and Universities (TCUs) to participate in a broader array of mental health and substance abuse prevention, treatment and programmatic activities. In FY 1997 and 1998, the total amount for this activity was \$50,000. Contact person: DeLoris L-James Hunter, Ph.D. (301) 443-7265.

Purpose of the Activity: Training for Asian Americans and Pacific Islanders

SAMHSA has entered into an Interagency agreement with the Asian and Pacific Islander American Health Forum (APIAHF) to enhance alcohol, drug and mental health (ADM) programs that include linguistically appropriate and culturally specific technical assistance to providers, and link Asian and Pacific Islanders' health care providers working with consumers who need alcohol, substance abuse and/or mental health services. A total of \$15,000 was awarded in FY 1997 for this activity. Contact person: DeLoris L-James Hunter, Ph.D. (301) 443-7265.

Purpose of the Activity: Technical Assistance in the Pacific Basin

- Commencing in FY 1998, SAMHSA provided technical assistance in the Pacific Basin to facilitate compliance with Synar regulation; application of science-based prevention strategies; identification of prevention data; and

training of prevention workers. Contact person: Joyce Weddington (301) 443- 2929.

- SAMHSA supports through technical assistance a collaborating council that addresses mental health and substance abuse treatment and prevention issues for each of the six jurisdictions in the Pacific Basin. Contact Person: Bruce Grant, Ph.D. (301) 443- 9396.

Purpose of the Activity: Technical Assistance on Data Collection

SAMHSA provided technical assistance to States on effective ways to report information in order to improve data collection and analysis for Latino mental health programs around the country. Contact person: Harriet McCombs, Ph.D. (301) 443-7790.

Title of the Program or Program Activity:

Collaboration within DHHS and Partnerships with Minority Serving Institutions and Local Community Groups to Meet Customer Needs

Background/History of the Activity:

SAMHSA is committed to promoting the coordination and integration of services and systems to provide a full range of prevention, early intervention, treatment and rehabilitation services to diverse ethnic and minority individuals and communities. Greater coordination and integration of services are essential to the development of comprehensive, quality services available to people with or at risk of developing substance abuse and mental health disorders. SAMHSA has implemented the following activities:

Purpose of the Activity: The SAMHSA-led Secretary's Initiative on Youth Substance Abuse Prevention (YSAPI)

This initiative comprises three major components: Parenting Prevention and skills program to strengthen anti-drug programs for parents; State Incentive Grants awarded to Governors to develop comprehensive prevention systems aimed at reducing youth substance abuse; and, National Organizations and Regional Summits that provide technical assistance training to national business and civic organizations not previously involved in substance abuse prevention activities, and the convening of regional conferences to diffuse research-based prevention and to integrate environmental approaches into prevention practices. Each of the components targets racial/ethnic groups. The total number of persons served during FY 1997 and 1998 is not available at this time. Contact Person: Bob Denniston (301) 443-5276.

Purpose of the Activity: Pacific Islands Collaborating Initiative

Commencing in FY 1998, SAMHSA awarded a task order to The National Asian Pacific American Families Against Substance Abuse (NAPAFASA) to implement the Pacific Islands Collaborating Initiative for the Substance Abuse and Mental Health Systems Development Project. This Initiative is designed to foster a collaborative network between various government agencies and non-government organizations working within the Pacific Basin to improve the quality and availability of prevention, treatment and rehabilitative services in the region. SAMHSA will support four interrelated projects which address training, education, communications and capacity building needs in the six U.S. Associated Pacific Island jurisdictions. This agreement, in the amount of \$215,000 will continue in FY 1999. Contact Person: Bruce Grant, Ph.D. (301) 443-9396.

Purpose of the Activity: Improved Access for Asian American and Pacific Islanders

SAMHSA has an agreement with the Association of Asian Pacific Health Community Organizations (AAPCHO) to define linguistically and culturally appropriate strategies to effectively engage members of rural and emerging Asian American and Pacific Islander communities in planning for improved access and utilization of mental health and substance abuse prevention and treatment services. Funding for this activity in FY 1998 was \$25,000. Contact Person: DeLoris L-James Hunter, Ph.D. (301) 443-7265.

Purpose of the Activity: Capacity Building

SAMHSA has an agreement with the American Indian and Alaska Native Higher Education Consortium (AIHEC) to conduct capacity-building activities that explore ways to expand knowledge development and information exchange between SAMHSA professional staff and the faculty and students at Tribal College and Universities (TCUs); to provide technical assistance regarding the Knowledge Development Application grant process; and to support the DHHS co-sponsored TCUs conference and Expo. The total cost of this activity in FY 1998 was \$15,000. Contact Person: DeLoris L-James Hunter, Ph.D. (301) 443-7265.

Purpose of the Activity: Disaster Crisis Counseling

SAMHSA supported the Government of Puerto Rico, Department of Mental Health & Substance Abuse, with a Federal Emergency

Management Agency (FEMA) grant to provide face-to-face disaster mental health counseling, information and referral, training and community intervention as a result of the aftermath of Hurricane Georges. This grant was awarded in FY 1998, in the amount of \$1.7 million. Contact Person: Brian Flynn, Ed.D. (301) 443-4735.

Purpose of the Activity: College Level Substance Abuse Prevention

SAMHSA has developed a Historically Black Colleges and Universities (HBCUs) Substance Abuse Consortium comprised of approximately 20 active HBCU members (Alcorn State University, Grambling State, Jackson State, Southern University at Baton Rouge, New Orleans and Shreveport, and University of Arkansas at Pine Bluff, Bethune Cookman, Clark, Coppin State, Fisk, Morehouse, Elizabeth City, Tuskegee, Tennessee Valley State, Savannah State, Mississippi Valley State, Stillman, Florida A&M, Howard). The consortium provides leadership in addressing substance abuse problems on campuses as well as in the community, and works collectively to develop curriculum initiatives that prepare graduates to meet credentialing requirements of the states. Contact Person: Tom Edwards (301) 443-8453.

Purpose of the Activity: Technical Support

- SAMHSA provided support to the Indian Health Service (IHS) and the National Indian Child Welfare Association to support a technical assistance contract for services to "Circles of Care" and other tribal grantees. The total amount of the grant for FY 1997 and FY 1998 was \$600,000 annually. Contact person: Gary De Carolis (301) 443-1333.
- Commencing in FY 1997, SAMHSA established an Intra-Agency Agreement with NIH/NIMH and with The National Center for American Indian/Alaska Native Health Research, University of Colorado to provide training and technical assistance to prospective grantees of the Circles of Care Initiative. The amount of this grant was \$350,000 in FY 1997 and \$325,450 in FY 1998. Contact person: Gary De Carolis (301) 334-1333.

Purpose of the Activity: Assessing Program Impact

SAMHSA established an agreement with the IHS to evaluate the impact of recommendations documented in two conference proceedings entitled "Journey of Native American People with Serious Mental Illness," and "Journey of Native American People with Serious Mental Illness -

Building Hope.” A total of \$100,000 was awarded during FY 1997 and 1998. Contact person: Neil Brown (301) 443-3653.

Title of the Program or Program Activity:

Ethnic and Minority Groups Representation in the SAMHSA Work Force, and Increase Training Opportunities in Health Professions and Research Areas.

Background/History of the Activity:

Having a diverse workforce that reflects the composition of the American population is one of SAMHSA's goals. To achieve greater diversity and representation of all ethnic and minority groups, SAMHSA has undertaken the following activities:

Purpose of the Activity: Minority Fellowship Program

The objectives of this program are to increase the pool of ethnic minority doctoral-level mental health professionals and researchers, and to increase service and prevention activities for ethnic minority individuals with mental health and substance abuse disorders. A small component of the fellowship is designed to stimulate among undergraduates, an early career interest in mental health professions. In FY 1997, SAMHSA awarded approximately \$1 million to support twenty African Americans, twelve Hispanics; twelve Asian American and Pacific Islanders; and three American Indian and Alaska Native fellows. In FY 1998, approximately \$1 million provided support to eleven African Americans, seven Hispanics; eleven Asian American and Pacific Islanders; and three American Indian and Alaska Native fellows. Contact person: Harriet McCombs, Ph.D. (301) 443-7790.

Purpose of the Activity: Minority Faculty Development Program

SAMHSA funded the Faculty Development Program (FDP) to train medical/allied health students, fellows and residents to become experts in the field of substance abuse prevention. In FY 1997, four FDP grants were awarded to Hispanic-Serving Institutions (UCLA, University of Texas, and two at Boston University.) The total funding in FY 1997 was \$300,000. In FY 1998, two Historically Black Colleges and Universities Medical Schools (Morehouse School of Medicine, and Meharry Medical College in conjunction with Vanderbilt University) were each awarded grants in the amount of \$100,000. Contact person: Lucille C. Perez, M.D. (301) 443-0365.

Purpose of the Activity:

Interagency Agreements (IAA)

SAMHSA in collaboration with the Office of Minority Health has established cooperative agreements with the following organizations:

- The National Association for Equal Opportunity in Higher Education (NAFEO)- to assist with capacity building activities for Historically Black Colleges and Universities consistent with the objectives outlined in the Departmental HBCU Strategic Plan, and to assist in increasing the number of HBCU faculty and students participants in substance abuse and mental health services internships.
- The ASPIRA- to assist with the development of a National mentoring program for Hispanic healthcare professionals and students to improve the likelihood and participation of Hispanics in career opportunities in the fields of substance abuse and mental health services.
- In collaboration with the Health Resource Services Administration (HRSA), SAMHSA supports an educational program to train racial/ethnic minority health administrators for positions in Health Maintenance Organizations (HMOs.)

The total amount awarded in FY 1997 and 1998 was \$60,000. Contact person: DeLoris L-James Hunter, Ph.D. (301) 443-7265.

Purpose of the Activity:

Focus Group on Managed Care with Racial/Ethnic Minority Professionals

SAMHSA sponsored a series of focus groups to identify concerns of ethnic minority professionals working in managed care systems. Hispanic professionals presented critical concerns related to their inclusion in managed mental health care networks, the need for bilingual staff, and reimbursement for translation and interpretation services. Contact person: Eric Goplerud, Ph.D. (301) 443-2817.

Purpose of the Activity:

Hispanic Association of Colleges and Universities (HACU) Internship Program

SAMHSA supported 22 interns under a 10-week summer program sponsored by HACU. As part of SAMHSA's FY 1997 and FY 1998 summer program, these interns, along with other student interns, participated in an intensive career development program. The total cost of this activity was \$174,000. Contact person: Sherry Preusch (301) 443-5030.

Purpose of the Activity: Hispanic Network Magazine Advertisement

SAMHSA placed advertisements in the *Hispanic Network Magazine* to inform Hispanic communities about the mission of the Agency and to encourage individuals with experience in the fields of substance abuse prevention, addiction treatment, and mental health to contact the agency for information about career opportunities at SAMHSA. Contact person: Patricia Bransford (301) 443-3408.

Purpose of the Activity: Employment Opportunities for Minorities at SAMHSA

SAMHSA/OEEO convened an agency-wide recruitment and personnel workgroup to assist the Agency in providing outreach to Asian American, American Indian and Alaska Native and Hispanic/Latino communities about employment opportunities at SAMHSA. This group has taken the lead to ensure that vacancy announcements are available and distributed to a variety of racial/ethnic minority groups and organizations. SAMHSA has established contact with a variety of Hispanic organizations who now are recipients of e-mails and faxes as new vacancies are announced. Contact person: Sharon Holmes (301) 443-4447.

Purpose of the Activity: Minority Professionals in SAMHSA

SAMHSA has promoted, recruited, and hired a cadre of racial/ethnic minorities in leadership positions throughout the Office of the Administrator/Centers, including the Director of the Center for Substance Abuse Treatment, Director of Equal Opportunity and Civil Rights, and CSAT Director of the Office of Communications and External Liaison. Contact person: Patricia Bransford (301) 443-3408

Purpose of the Activity: Spanish Language Classes

In FY 1997 and 1998, SAMHSA offered ten-week Introductory Spanish Language courses for its employees. Approximately 20% of the Agency's personnel participated in and completed these courses during each summer session. Contact person: DeLoris L-James Hunter, Ph.D. (301) 443-7265.

ATTACHMENT 8

Administration on Aging

AoA MINORITY HEALTH ACTIVITIES--FY 1997 and FY 1998

Agency Name: Administration on Aging (AoA)

Title of Program: Older Americans Act (OAA)

Background/Purpose/Target Population Served:

The Administration on Aging (AoA) serves as the Federal focal point and advocacy agency for older persons. The AoA works closely with the national aging network to plan, coordinate and develop community-level systems of services that meet the unique needs of older persons and their caregivers. The Older Americans Act (OAA) programs, in particular the Title III Grants for State and Community Programs on Aging, are targeted to serve those older Americans in greatest economic and social need, with particular attention to low-income minorities (African Americans, Hispanics, Asian and Pacific Islanders, and Native Americans), age 60 and above. The aging network is an established infrastructure of hundreds of state and area agencies on aging and tribal organizations, and thousands of service providers and senior centers, which offers an excellent vehicle through which preventive health measures and healthy lifestyles have been and are continuing to be promoted and implemented.

Chronic diseases are among the most prevalent, costly, and disabling of all health problems affecting older Americans. Adopting health-promoting behaviors and lifestyles can prevent or delay the onset of chronic disease and reduce the likelihood of physical impairment. Since 1993, the AoA has awarded funds to states and area agencies on aging to provide health promotion/disease prevention programs in 12 different topical areas. These programs are targeted to medically-underserved areas where large numbers of elderly with the greatest economic need for services reside. Services include health risk assessments and screening; nutritional counseling and education services; health promotion programs on chronic disabling conditions; physical fitness; mental health screening; injury prevention and home safety screening; and counseling regarding social services and follow-up health services.

Adequate nutritional status is essential for healthy aging and the prevention or delay of chronic disease and disease-related disabilities in older adults. Four of the leading chronic diseases, which cause death and disability among older adults, are tied to poor nutrition. The nationwide elderly nutrition program provides daily meals and related nutritional services in congregate meal sites and as home-delivered meals to persons age 60 and over. Congregate and home-delivered nutrition projects must offer at least one meal per day, five or more days per week and each meal must provide a minimum of one-third of the recommended dietary allowance. Nutrition education and counseling are an important component of the congregate meal program. These functions are performed on a regular basis at the meal sites and provide an excellent opportunity for increasing the knowledge of older persons about preventive health and treatment interventions. The most recent data shows that more than 3 million persons over the age of 60 received meals, one-third of whom were African Americans, Hispanics, Asian and Pacific Islanders, and Native Americans.

The Administration on Aging also administers, under the Older Americans Act, the Title VI Program of Grants for Native Americans. The prevalence and incidence of preventable chronic diseases in the

Native American Indian, Native Alaskan, and Native Hawaiian elderly population is higher than the norm for the general population. As an example, the incidence of Type II diabetes among American Indians and Alaskan Natives is double that for the elderly population, with the highest known prevalence of diabetes in the world found in the Pima tribe. The AoA makes grants annually to over 220 tribal organizations to provide supportive and nutrition services for American Indian, Alaskan Native, and Native Hawaiian elders. In 1997 and again in 1998, nearly 3 million congregate and home-delivered meals were provided to elders participating in these programs. Besides meals, other nutrition services included education, screening, and counseling.

In addition to its administration of OAA programs, the AoA is involved in the promotion of the Department's national objectives of Healthy People 2000 and the development of Health People 2010 objectives as well as the Race and Health Initiative. AoA participates in the various workgroups and has focused on partnerships which will assist in addressing the most significant issues affecting older Americans -- cancer screening and management, cardiovascular disease, diabetes, and immunizations.

Dollars Involved for Each Activity:

Title III, Part F--Preventive Health Services:
FY 1997, \$15,623,000; FY 1998, \$16,123,000

Title III, Part C--Nutrition Services:
FY 1997, \$469,874,000; FY 1998, \$486,412,000

Title VI, Grants for Native Americans:
FY 1997, \$16,057,000; FY 1998, \$18,457,000

AoA Contact Persons:

Carol Crecy, Director, Office of State and Community Programs, (202) 619-2617 Yvonne M. Jackson, R.D., Ph.D, Director, Office for American Indian, Alaskan Native and Native Hawaiian Programs, (202) 619-2713

ATTACHMENT 9

Administration for Children and Families

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:
The Mental Health Program

Background/History of the Activity:

The emotional problems of persons with developmental disabilities have only recently become recognized and scientifically examined. The services are provided by a multidisciplinary staff which includes art therapy, group therapy, and individual therapy. Although the focus is on the referred person, family and caregivers are included in the interventions through consultations and conferences. An important aspect of the Mental Health Program is research on emotional disorders of people diagnosed with mental retardation. It also provides clinical training to graduate students in psychology, social work, and expressive therapies.

Purpose of the Activity:

The Mental Health Program is one of the nation's oldest therapy and support programs for the mental health needs of persons with the dual diagnosis of mental illness and mental retardation.

Target Population Served:
Children and families.

Number of People Served/Reached:
N/A

Dollars Involved for Each Activity by Fiscal Year (FY1997 and FY 1998):

Funding for the MH Program is provided by grants from the Illinois Department of Mental Health and Developmental Disabilities, funding from the University of Illinois at Chicago, and third party payments from Medicaid, Medicare, and private insurers. A sliding fee scale is used to determine any payments from recipients of services. However, no one is turned away on the basis of ability or inability to pay.

Expected or Reported Outcome and/or Impact:

Services from this program are extended to the community through consultations and case conferences. Special services related to abuse and disability are also available.

Contact Person:

Joseph Szyszko, M.A., Program Coordinator
Phone: (312) 996-0903.

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name:

Institute for Community Inclusion, a University Affiliated Program, Children's Hospital, Boston

Program Name:

Partnerships Project - (CFDA # 90DNOO53/01) - ADD-funded

Capacity Interchange Project - (CFDA #84315A) - RSA-funded

Background/History of the Activity:

The approach of these projects is to provide disability information to grassroots minority entities and, in turn, minority representatives share cultural information with state and federal funding agencies. In so doing, we hope to develop capacity of minority agencies and ultimately form a disability service system which is culturally responsive to all individuals with disabilities and their families, and especially those from traditionally underserved communities.

Purpose of the Activity:

These two projects address the service needs of individuals with disabilities and their families who come from different cultural and linguistic backgrounds.

Target Population Served:

Policy makers, service providers, children, and families.

Number of People Served/Reached:

45 minority-owned human service agencies.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Primary Agency Partners:

Cambodian Community of Greater Fall River, Inc.	\$ 4,800 yearly
Cambodian Mutual Assistance Association	\$10,000 yearly
Department of Mental Retardation, Western MA Regional Office, Project Roots	\$ 4,800 yearly
Evaluation Family Counseling Haitians & Minorities, Inc.	\$10,000 yearly
Latino Health Institute	\$10,000 yearly

Expected or Reported Outcome and/or Impact:

Development of partnerships among minority-owned human service agencies; development of capacity of minority-owned human service agencies to successfully apply and obtain federal, state, and private funding; and learn from each other about cultural sensitivities in the delivery of human services, with a focus on families who have children with developmental disabilities.

Contact Person:

Paula Sotnik

Phone: 617-355-6506

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Vermont UAP

Program Name:

Vermont Interdisciplinary Leadership Education for Health Professionals Program

Background/History of the Activity:

Our multicultural training efforts include collaboration with Howard University and the University of New Hampshire LEND program, the Multicultural Liaisons from Ottawa, Canada, as well as with Dr. Carol Locust from the University of Texas (San Antonio). These faculty have traveled to Vermont and or New Hampshire and provided our program, University of Vermont, and some community members with training and consultation regarding issues of diversity as it relates to clinical practice and leadership.

Purpose of the Activity:

A MCHB-funded LEND program which has cultural competence as one of five major competency strands that trainees and fellows must demonstrate in order to complete the training.

Target Population Served:

Children with special health needs, ages 0-21, and their families; as well as health professionals

Number of People Served/Reached:

Approximately 200.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Our grant paid airfare, lodging, and a stipend for the visiting faculty.

Expected or Reported Outcome and/or Impact:

Increased knowledge and skills in the area of cultural competency and family-centered care.

Contact Person:

Jean E. Beatson, M.S., R.N.

Clinical Coordinator and Nursing Faculty

Phone: (802) 656-4291

Special Note:

Participant feedback was unanimously favorable, with all feeling that the learning was exemplary and anticipated application to their practices.

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: University of Rochester UAP, Strong Center for Developmental Disabilities

Title of Program Activity:

The Klarberg Career Development Program in Developmental Disabilities

Background/History of the Activity:

There is a shortage of trained professionals from minority backgrounds in the developmental disabilities service system. There is even more of a shortage of professionals from minority background in leadership positions. Since 1995, The Klarberg Career Development Program has been a unique effort to support early mentoring of minority undergraduate students leading them to educational pathways for careers in developmental and learning disabilities.

A paid summer experience for selected students, the program has several unique features: a UAP-local community college partnership, private funding, special feeder system of student selection featuring community college professors' nominations, individualized mentoring experience. The program utilizes a variety of learning methods for these students, who tend to be older and may have skill deficits in written communication. Students learn about: what developmental disabilities are, causes, services and systems of care, issues and challenges in the field, job and education possibilities and cultural competence.

Purpose of Activity:

Recruitment of students from minority backgrounds into professions providing services to people with developmental disabilities and leadership development.

Target Population Served:

Local, inner-city community college students.

Number of People Served/Reached:

1-2 summer Fellows per year.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Private support of \$600/student and modest administrative costs.

Expected or Reported Outcome and/or Impact:

Careers in developmental disabilities.

Contact Person:

Ruth J. Messinger, Coordinator Social Work and Outreach Training/ Community Education Phone: (716) 275-7006

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: South Dakota UAP

Program Name:

The Rosebud Project: Services to Indian Infants and Young Children with Special Needs

Background/History of the Activity:

The Rosebud Project is a collaborative effort to coordinate existing services as well as to establish the services yet needed to create a comprehensive system of services to infants, toddlers and preschoolers with special needs and their families on the Rosebud Sioux Indian Reservation in south central South Dakota.

Purpose of the Activity:

Appropriate early identification of young Native American children with special needs and linkage to appropriate services.

Target Population Served:

Native American Children ages birth through five on the Rosebud Reservation.

Number of People Served/Reached:

The project has an impact on all residents of the Rosebud reservation. There are approximately 1,400 children birth through 5.

Dollars Involved for Each Activity by Fiscal Year (FY1997 and FY 1998):

FY 1997: \$72,000*

FY 1998: \$72,000*

*Funded by the Rosebud Sioux Tribe.

Expected or Reported Outcome and/or Impact:

Expected outcome is that all children on the Rosebud Reservation requiring special services will be identified as soon as possible and then linked to appropriate services. Long-term impact is to reduce the long-term severity and effects of developmental delays and other developmental set-backs through early intervention.

Contact Person:

Judy Struck, Executive Director, South Dakota UAP

Phone: (605) 357-1468

Special Note:

This project was awarded a Director's Award from the Federal Office of Rural Health Policy in recognition of its exemplary rural health program as distinguished during the 1996 "Models That Work" Campaign competition sponsored by the Health Resources Services Administration's Bureau of Primary Health Care.

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: South Dakota UAP

Title of the Program or Activity:
The Higher Education Partnership

Background/History of the Activity:

This grant is designed to provide outreach training to early childhood personnel through Sinte Gleska University on the Rosebud Reservation with technical assistance to Oglala Lakota College on the Pine Ridge reservation and the Sitting Bull College on the Standing Rock reservation.

Purpose of the Activity:

To provide outreach training to early childhood personnel.

Target Population Served:

Students and Faculty attending college and university courses at reservation-based universities and colleges.

Number of People Served/Reached:

Approximately 90 students per year.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

FY 1997 - \$100,000

FY 1998 \$100,000

Expected or Reported Outcome and/or Impact:

That students enrolled in courses will complete course requirements and competency requirements to be endorsed under the state-approved early childhood special education endorsement.

Contact Person:

Joanne Wounded Head, South Dakota UAP,
Early Childhood Specialist
Phone: (605) 677-5311

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute for Human Development, Northern Arizona University, Arizona University
Affiliated Program

Title of the Program or Program Activity:
The Consortia of Administrators of Native American Rehabilitation (CANAR)

Background/History of the Activity:
The AUAP has recently entered into a Memorandum of Understanding (MOU) with the Consortia of Administrators of Native American Rehabilitation. The MOU primarily looks at how the AUAP will provide administrative and programmatic support for this organization.

Purpose of the Activity:
The CANAR serves as a vehicle for collaboration and cooperation between administrators of rehabilitation projects which serve Native American persons with disabilities, to increase and to enhance the quality of services, which results in positive outcomes for Native American persons with disabilities.

Target Population Served:
Native American person with disabilities.

Number of People Served/Reached:
N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):
N/A

Expected or Reported Outcome and/or Impact:
Increased rehabilitation services for Native American Persons with Disabilities.

Contact Person:
Tom Uno, Asst. to the Executive Director
Phone: (520) 523-7032

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute for Human Development, Northern Arizona University, Arizona University Affiliated Program

Title of the Program or Program Activity:

Distance Technology for Assessing Native American Children with Special Health Care Needs

Background/History of the Activity:

The Arizona Department of Health Services (ADHS), Children with Special Health Care Needs Branch is planning a pilot program in which they will be working with the AUAP to assess Native American children living on the reservations utilizing distance learning technology. Currently, the Department of Health Services has much difficulty in finding professionals who will travel far distances to assess young children with special health care needs.

Purpose of the Activity:

Distance Learning Assessments of Children with Special Health Care Needs. In working with the AUAP the ADHS will be able to utilize the resources and expertise of the NAU distance learning office and their multiple statewide sites to assess young children with special health care needs. The children and families will be asked to go to a nearby distance learning site located on the reservation, while a facilitator will work with the technician at the site to assess the young child. The images will then be transmitted to sites where an interdisciplinary team will be reviewing the assessment protocol and also reviewing the child via the technology. The ADHS hopes that this pilot will expand to providing the needed professional outreach services to children and their families who reside in rural areas of the state.

Target Population Served:

Navajo and Hopi children with special health care needs.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Improved access for children living in extreme rural areas unable to reach interdisciplinary assessments.

Contact Person:

Tom Uno, Asst. to the Executive Director

Phone: (520) 523-7032

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute for Human Development, Northern Arizona University, Arizona University
Affiliated Program

Title of the Program or Program Activity:
AAUAP Multicultural Council

Background/History of the Activity:

The AUAP Assistant to the Director continues to chair the newly created Multicultural Council of the American Association of University Affiliated Programs. The new Council has a seat on the Board of Directors of the AAUAP. The primary purpose of the Council will be to advocate within the Association for cultural competence and cultural diversity. The Council will fulfill this purpose by serving as a conduit for technical assistance, providing input into policy, and engaging in activities to advance the multicultural mandate of the Developmental Disabilities Act.

Purpose of the Activity:

AAUAP Multicultural Council will serve as: 1) a focus for the identification and discussion of issues regarding cultural competence and diversity; 2) a representative voice of the cultural diversity and cultural competence interests and concerns within the Association's network; and 3) an influence in the development and implementation of national policies and initiatives relevant to achieving and sustaining cultural competence and cultural diversity within each member program.

Target Population Served:

Policy makers.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Culturally competent services to individuals and families of persons with developmental Disabilities.

Contact Person:

Tom Uno, Asst. to the Executive Director
Phone: (520) 523-7032

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute for Human Development, Northern Arizona University, Arizona University Affiliated Program

Title of the Program or Program Activity:

Improving Access to and Utilization of Genetic Services to Arizona's Hispanic Population

Background/History of the Activity:

Objectives:

- (a) increase the knowledge base of community lay health workers about genetic diseases and services and their capacity to make appropriate referrals
- (b) seek a level of cultural competency among the state's genetic services providers and Arizona Department of Health Services (ADHS) relevant program staff about local Hispanic cultures and linguistic and other forms of communication that is acceptable to a broad cross-section of Hispanic communications in Arizona
- (c) promote local access to and increase utilization of genetic services by Hispanic families in Arizona.

Purpose of the Activity:

To improve local access to and increase utilization of genetic and other services:

- (a) input of project advisory committee in the development of training
- (b) genetics workshops for the community lay health workers and other public health personnel in targeted communities
- (c) cultural competency training for genetic services providers and ADHS personnel
- (d) outreach genetic clinics at targeted sites.

Target Population Served:

Families served by the Community Lay Health Workers in the ADHS Health Start Program, with focus on Hispanic families.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Funding Source: Arizona Department of Health Services, Office of Women's and Children's Health (Special Projects of Regional and National Significance, Bureau of Maternal and Child Health).

Expected or Reported Outcome and/or Impact:

- (a) initial training about genetic diseases and services for community lay health workers
- (b) provision of clinical genetic services in local community outreach clinics
- (c) planning for continuation of genetic services in project sites upon completion of the original project.

Contact Person:

F. John Meaney, Ph.D., Co-Director; Phone: (520) 626-4180

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute for Human Development, Northern Arizona University, Arizona University Affiliated Program

Title of the Program or Program Activity:

Hopi Focus Group

Background/History of the Activity:

AUAP staff continue to meet with a Hopi Focus Group that is convened by Ms. Berdina Swimmer, Director of the Office of Special Needs, The Hopi Tribe. The group meets quarterly. Ms. Swimmer and AUAP staff are working towards determining ways that appropriate services and technical assistance may be provided by the AUAP to address the needs of Hopi individuals with special needs.

Purpose of the Activity :

The focus and goal of the group is to provide better communications between and among service providers, parents, and consumers. The AUAP will be working with Ms. Swimmer to better access the early intervention services offered and to develop a Section 130 Rehabilitation Services proposal.

Target Population Served:

Hopi persons with disabilities.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Improved and increased services to Hopi members with disabilities.

Contact Person:

Tom Uno, Asst. to the Executive Director

Phone: (520) 523-7032

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute for Human Development, Northern Arizona University, Arizona University
Affiliated Program

Title of the Program or Program Activity:
American Indian Rehabilitation Research and Training Center

Background/History of the Activity:
The AIRRTC recently received continued funding for five years from the National Institute on Disability and Rehabilitation Research. The Consortia of Administrators for Native American Rehabilitation (CANAR) are partners in the development, implementation, and conduct of research and training activities.

Purpose of the Activity:
The AIRRTC proposes to conduct 8 research and 6 training projects over the 5-year period (1998-2003).

Target Population Served:
Rehabilitation and employment professionals.

Number of People Served/Reached:
N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):
N/A

Expected or Reported Outcome and/or Impact:
Research and training are organized around four program core areas:

Core Area I - Investigate and analyze existing disability and employment data, and recommend methodology on the usefulness of such data for planning and evaluating employment services for American Indians and Alaska Natives.

Core Area II - Recommend successful strategies to improve employment outcomes, including existing employment and vocational rehabilitation service practices for American Indians and Alaska Natives with disabilities residing on and off reservations.

Core Area III - Develop and evaluate innovative and culturally appropriate vocational rehabilitation services for the employment of American Indians and Alaska Natives.

Core Area IV - Disseminate results of the data collection and evaluation of model employment services to a range of relevant audiences, using appropriate accessible formats.

Contact Person:
Priscilla Sanderson, Project Director
Phone: (520) 523-5581

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Iowa University Affiliated Program (IUAP)

Title of the Program or Program Activity:

Health Professions Training

Background/History of the Activity:

Professional preparation is a core IUAP activity

Purpose of the Activity:

Preparing professionals to provide services to individuals with disabilities.

Target Population Served:

Graduate students at the University of Iowa preparing for careers in medicine, nursing, physical therapy, occupational therapy, social work, psychology, audiology, speech-language pathology, psychology, and nutrition.

Number of People Served/Reached:

149 trainees (FY 97)--12% of whom were from minority groups, which significantly exceeds Iowa's minority population of 3.4%.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Culturally competent practicing professionals.

Contact Person

Robert Bacon, Director

Phone: (319) 356-1335

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Kennedy Krieger Child and Family Support Program, Maryland UAP

Background/History of the Activity:

The Child and Family Support Program began eighteen years ago as a grant-funded program through Maryland's Children's Medical Services. It has grown into an over a million dollar a year program serving approximately 300 children with developmental disabilities and their families.

Purpose of the Activity:

This program consists of occupational therapists, physical therapists, speech therapists, and social workers who provide home-based parent training and counseling to Baltimore metropolitan area children with developmental disabilities and their families.

Target Population Served:

The program works with many inner-city Baltimore families with young children, ages birth to seven, with a wide range of disabilities. The disabilities include cerebral palsy, mental retardation, autism, hearing and visual impairments, Down syndrome, speech and language delays, etc.

Over 50 percent of the children served by the program are African Americans and an additional 2 percent are Asian Americans.

Number of People Served/Reached:

The Child and Family Support Program serves approximately 300 children and their families each year.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

FY'97 budget - \$1,173,142

FY'98 budget - \$1,405,259

Expected or Reported Outcome and/or Impact:

This program is designed to have the following outcomes:

Enhance the child's physical and emotional growth and development

b. Increase the parents' confidence that they have developed the skills they need to enhance their child's development.

Contact Person:

Audrey Leviton, Director, KKI Child & Family Support Program

Phone: (410) 502-9720

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Munroe-Meyer Institute, University of Nebraska Medical Center, UAP

Title of the Program or Program Activity:

Advocacy Project

Background/History of Activity:

This project is a three-year training project.

Purpose of the Activity:

The purpose of this collaborative effort of MMI and the Urban League is to train advocates and parents representing minority families who have a child with a disability.

Target Population Served:

Minority families with children with disabilities.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome/Impact:

Increased advocacy skills for families and ultimately improved services for children.

Contact Person:

John McClain

Phone: (402) 559-6430

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Munroe-Meyer Institute, University of Nebraska Medical Center, UAP

Title of the Program or Program Activity:

Project WIN (Welcoming Infants into Neighborhoods)

Background/history of Activity:

This is a planning grant awarded by United Way.

Purpose of the Activity:

To work in collaboration with United Way to establish a plan for a universal home visitation model in an identified neighborhood in the Omaha community. The neighborhood identified represented a diverse array of families from varying cultural, ethnic, and economic backgrounds. It was anticipated that over half of the families served would be from minority populations.

Target Population Served:

Expectant mothers and families of infants.

Number of People Served/Reached:

This was a planning grant. It is anticipated that 200 infants and their families will be reached once implementation begins.

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998) :

Total grant: \$45,000.

Expected or Reported Outcome/Impact:

To help families access services and provide support to families in more effectively caring for their young infants.

Contact Person:

Barbara Jackson , Director

Phone: (402) 559-5765

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Munroe-Meyer Institute, University of Nebraska Medical Center, UAP

Title of the Program or Program Activity:

Diabetes Training Project

Background/History of the Activity:

This training project is funded by a subcontract with the Urban League.

Purpose of the Activity:

This is a regional training grant that targets diabetes education with families who represent minority populations in three states.

Target Population Served:

Children and adults with diabetes who represent minority populations.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome/Impact:

Improved health status of individuals with diabetes.

Contact Person:

Cindy Van Riper, Director

Phone: (402) 559-6430

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Munroe-Meyer Institute, University of Nebraska Medical Center, UAP

Title of the Program or Program Activity:

Head Start and Early Head Start (EHS) Support Services

Background/History of the Activity:

MMI has a long-standing collaborative relationship with the Omaha Head Start Program, Child Development Corporation, which now contracts with MMI for specialized services for both their Head Start and EHS programs.

Purpose of the Activity:

This contract provides direct services for speech and psychology services and provides consultation and training to program staff.

Target Population Served:

Young children (birth through 5). This Head Start program serves primarily young children who are African American or Hispanic.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome/Impact:

Improved developmental and behavioral skills of children and improved teaching skills of staff.

Contact Person:

Mark Shriver

Phone: (402) 559-6408

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Munroe-Meyer Institute, University of Nebraska Medical Center, UAP

Title of the Program or Program Activity:
Urban League Health Planning Subcommittee

Background/History of the Activity:
MMI has representation on this planning committee.

Purpose of the Activity:
The purpose of the committee is to improve the health outcomes of African Americans and other minorities through improving access and quality of services.

Target Population Served:
Minorities.

Number of People Served/Reached:
N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):
N/A

Expected or Reported Outcome/Impact:
Improved health, reduced health care expenditures.

Contact Person:
Mike Leibowitz , Associate Director
Phone: (402) 559-5702

UAP Interdisciplinary Trainees

The UAP Interdisciplinary Training Data set captures information on UAP Trainees that are trained within UAPs. Primary data include demographic information, duration of training, discipline, and degree.

The data set also includes an ethnicity variable. The data below summarize the ethnic composition of UAPs Interdisciplinary Trainees as reported by UAPs for fiscal year 1997.

UAP Interdisciplinary Trainees By Ethnic Background (for Fiscal Year 1997)

White:	4,159
African American:	251
Hispanic:	140
Native American:	60
Asian:	250
Other/Unknown:	357
Total:	5,217

See Attached Detail Report

UAP Clinical Data

Many UAPs engage in clinical activities or provide direct clinical services. The location in which the services are provided may occur within a clinic physically located within the UAP or the host university or within a setting located within the community. The diverse administrative arrangement and control of clinics in which UAP faculty, staff and clinicians participate on behalf of the UAP may impact the nature in which UAPs are able to collect and report data related to direct services. Therefore, UAPs report clinical data in one of two ways.

1) UAP Individual Clients Data set captures clinical information on an individual client basis. Each record represents a single clinical visit or client. (Data presented in Column 1)

2) UAP Aggregate Client Data set captures clinical information in aggregate on UAP clinical activities. Each record reports the number of clients in aggregate fashion for a given clinical activity in which UAP faculty, Staff, or clinicians participated. (Data presented in Column 2)

Ethnic Diversity of UAP Clients Reported by UAPs for FY 1997

	Column I	Column 2
White	22,017	51,014
African American	9,738	18,278
Hispanic	2,720	15,163
Native American	721	705
Asian	227	1,948
Other/Unknown	12,525	8,684
Total	47,948	95,449

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:

Center on Health Promotion Research Funded by the Centers for Disease Control

Background/History of the Activity:

Intervention experiment designed to improve the health of individuals with primary disability of stroke through comprehensive health promotion to reduce secondary conditions associated with disability.

Purpose of the Activity:

Program unique in that exercise, nutrition, and endurance are combined into a single intervention. Subsequent populations to include type II diabetes, arthritis, and Down syndrome. Intervention lasts 12 weeks.

Target Population Served:

Individuals served primarily from Chicago minority community.

Number of People Served/Reached:

12 to 20 per cohort

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Improve the health of individuals with primary disability of stroke.

Contact Person

Dr. James Rimmer, Associate Professor and Principal Investigator

Phone: (312) 413-9651

Agency Minority Health Activities

Agency Name: Administration for Children and Families, Office of Family Assistance

Program Activity: Welfare Reform Technical Assistance Initiative - Job Skills Preparation Capacity-Building Initiative

Background: The Job Skills Preparation Capacity Building Initiative was built on the underlying principle that the welfare, workforce development, and education systems needed to work in close and effective collaboration to meet the challenge of "ending welfare as we know it". State and local welfare/employment and training systems have been moving in this direction over the past several years. To increase community involvement in expanding access to employment and other support services such as childcare, transportation, substance abuse counseling and domestic violence prevention services, a contract was awarded to NETWORK Consortium to conduct a series of two-day workshops at community colleges. This is a joint initiative with the Departments of Labor and Education.

Purpose: The purpose of these collaborations was to promote greater access for welfare clients to employment opportunities and accompanying support services, necessary for job retention.

The workshops provided an overview of PRWORA, TANF and Welfare-to-Work programs. Participants were guided through approaches to designing curricula with employers for short-term training programs for welfare recipients to meet employer specifications for entry-level jobs. They discussed ways to foster collaborations among State and local Human Service Agencies, employers, job training and employment systems, economic development agencies and community college staff, transportation and health care providers, and substance abuse treatment centers. Participants were encouraged to take a holistic approach with welfare clients to assist them in meeting the challenges of becoming economically self-sufficient, including addressing health care issues along with ensuring that the individuals have the basic skills necessary to perform jobs.

Target Population Served: Technical assistance was provided directly to State and local service providers to assist them in their work with welfare clients. Invitations went to all of the Tribal Programs. One workshop was conducted at Palo Alto College, San Antonio, Texas. This site was selected because of its primarily Hispanic student body. Other sites were Boston, MA, Catonsville, MD, Chicago, IL, Denver, CO, Huntsville, AL and San Francisco, CA. Two more are planned in Seattle, WA and Kansas, MO.

Number of People Served/Reached: In addition to the traditional service providers, including community colleges, invitations went to community-based organizations and churches. The expectations were that workshop participants took away with them a plan of action and an ongoing commitment to follow-through with either newly developed partnerships, or enhanced existing partnerships and they would share knowledge gained through the workshops with others in their agencies/communities. Additionally, in an effort to broaden the outreach effort of this initiative, a video of the Catonsville workshop is being edited and will be made available to all community colleges and others requesting it.

Dollars Involved with Each Activity: The total dollar amount of the contract for FY 1997 was \$166,990.90.
Expected Outcomes: Stronger community partnerships that will enhance and strengthen the delivery of, and access to services and employment opportunities for welfare clients.

Agency Contact Person: Yvonne C. Howard, Family Assistance Program Specialist
(202) 401-4619

Agency Name: Administration for Children and Families

Title of the Program: Head Start Bureau

Background/History of the Activity: The Head Start program began in 1965 as part of the War on Poverty. PL-105-285 was recently passed which reauthorizes the Head Start program until the year 2003. The 1994 reauthorization of the Head Start Act established the Early Head Start program for low-income families with pregnant women, infants and toddlers.

Purpose of the Activity: The purpose of the Head Start program is to promote school readiness by enhancing the social and cognitive development of low-income children through the provision to low-income children and their families, of health, educational, nutritional, social and other services that are determined, based on family needs assessments, to be necessary.

Each child enrolled in Head Start and Early Head Start receives comprehensive health, education and social services that are individualized, taking into account the child's physical, emotional, and cognitive capabilities. The family's culture and language are also taken into account, and staff and parents work together to identify needs and to develop a plan of action to ensure the child's needs are being met. Head Start classrooms are required to provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition. Nutrition services must reflect the ethnicity and culture of the community. Head Start programs form linkages with community partners to maximize resources and to provide comprehensive, seamless services to children and families.

All Head Start and Early Head Start grantee and delegate agencies are required to comply with a set of Program Performance Standards. Infused into the Standards are a set of multicultural principles that ensure that each child is respected for his/her culture and ethnic background, and that the home language, culture and family composition of each child are honored in ways that support the child's well being.

Target Population Served: In addition to the Head Start and Early Head Start Program, the Migrant Head Start Program and American Indian Head Start Program serve low-income families of migrant farmworkers and those of Native American descent living on reservations.

Number of people Served/Reached: In FY 1997, 793,809 children were enrolled in Head Start. 3.5% of these children were Native American, 26.1% Hispanic, 36.1% black, 31.2% white, and 3.1% were Asian. Thus, the majority of children served by Head Start (68.8%) belong to minority populations.

Agency Contact Person: Mireille B. Kanda, MD, MPH. Director, Health and Disabilities Services, Head Start Bureau. 202-205-8308

Agency Name: Administration for Children and Families
Office of Refugee Resettlement

Program: Refugee Preventive Health Grant Program

Background: Refugees resettling in the United States receive an overseas medical examination prior to departure for the United States. Soon after entry into the United States, refugees are referred to preventive health screening programs funded by the Office of Refugee Resettlement to ensure that health conditions that may impede their successful resettlement be treated.

Purpose of the Activity:

The purpose of this program is to assist the states in ensuring that refugees are free of communicable diseases and other health conditions that may effect their resettlement in the United States.

Targeted Population:

All newly arriving refugees admitted under the Refugee Act.

Number of refugees served: Approximately 50,000 per year in FY 1997 and FY 1998.

Grant awards: \$4.6 million per year to 38 states.

Expected outcomes: (1) Refugees who received services would be free of communicable diseases and other health conditions that could impact negatively on their resettlement; and (2) protecting the public from possible communicable diseases.

Agency Contact Person:

Nguyen T. Kimchi,
Program Specialist,
(202) 401-4556

Agency Name: OFFICE OF REFUGEE RESETTLEMENT (ORR)

Title of the Program: Discretionary grants to newly arriving refugees : Mental Health Services

Background/History of the Activity:

Title 8, Chapter 12 Immigration and Nationality, Refugee Assistance (c) (1) (A) (iii) authorizes program for domestic resettlement of and assistance to refugees. The Director of ORR "...is authorized to make grants to and enter into contracts with public and private nonprofit agencies for projects specifically designated ... to provide where specific needs have been shown and recognized by the Director, health (including mental health) services..." In 1996, the ORR Standing announcement for services to newly arriving populations of refugees was amended to include Category 5 mental health services to refugees.

Purpose of the Activity:

Category 5 of the ORR standing announcement is specifically designed to award grants to increase the refugees access to mental health services in their communities. There are 4 allowable program activities:

§Staff development, training and consultation for case managers; English as a Second Language teachers; employment counselors; or anyone working with refugees to enhance their understanding of refugee mental health issues, techniques in working with refugees in distress, and knowledge of the mental health services available in the communities.

§Orientation programs to mental health services for refugees who are not likely to have experiences that provide an understanding of mental health services and their benefits.

§Orientation programs to refugees and their mental health issues for mental health professionals in the resettlement communities.

§Direct clinical services will be funded when the target population is new to the U.S. refugee program and the clinical services are likely to result in useful information on working with the particular population in refugee services. If a grantee is funded under this activity, a presentation or a paper is required on the work in order to share the acquired expertise.

Target Population served: All refugees who have entered the U.S. This includes those refugees who have survived torture before entering the U.S.

Number of People Served/Reached: Not available at this time.

Dollars involved for mental health in both fiscal years:

Fiscal Year 1997: \$1,878,807 to 16 projects in 15 States

There were two intra-agency agreements that support refugee mental health services. ORR – SAMHSA was \$155,000. In addition, a conference on the survivors of torture was held in FY 1997 supported by a FY 1996 agreement between ORR and NIMH of \$40,000.

Fiscal Year 1998: \$3,015,207 to 28 projects in 19 States.

The SAMHSA-ORR intra-agency agreement was funded with \$224,000.

Expected/reported outcomes:

ORR receives quarterly reports from grantees that report increased access to mental health services for refugees. Refugees are oriented to mental health services for support in their resettlement experiences, mental health professionals are oriented to refugees and their experiences. Staff in refugee services are provided workshops on refugee mental health issues and the mental health services available in the communities of resettlement. Clinical services are funded to a limited extent by the projects, but also through Refugee Medical Assistance, and pro bono services of clinicians.

ORR Contact Person for refugee mental health:

Marta Brenden,
Management Specialist,
(202) 205-3589.

Agency Name: Office of Child Support Enforcement (OCSE)
Administration for Children and Families (ACF)

Program Activity: Promoting Health Care for Latino Children in Child Support Under Three Primero, Los Niños (Children First) Multi-year Objectives

Background:

Under the Secretary's Hispanic Agenda for Action and the ACF Hispanic Action Plan, Three multi-year objectives have been in effect since late 1996 to support OCSE's Strategic Plan:

- Informed OCSE policymakers about Hispanics.
- Design OCSE information about child support enforcement for Hispanic families.
- Partner with National and community-based Latino organizations.

The Office of Child Support Enforcement Strategic Plan Goals are:

- To increase child support orders.
- To increase the number of paternities established.
- To increase collection on support orders.

US Census data indicates that there are over 1.2 million custodial parents of Hispanic origin—and that child support collection rates are 35% for Hispanic mothers in contrast to 64% for White mothers. The national Office of Child Support Enforcement has initiated a “marketing” approach to Hispanic customer service to assist in improving these data. This approach pinpoints States and metropolitan areas where a concerted focus may be needed to ensure the Latino customer service base receives the same quality and type of child support information and services that the rest of the population receives.

A critical information and services conduit to Hispanic families is the Latino community-based organization (CBO). There are more than 6,000 Latino CBOs in the United States.

OCSE has undertaken two studies, “A Qualitative Study Among Latino/Hispanic Community Leaders About Child Support in San Antonio, New York City, Miami, Los Angeles, and Washington DC.” This series of five focus groups, conducted with Federal and State observers, provided substantial information about OCSE's Latino customer needs. The findings, and those garnered from a second study involving custodial and non-custodial parents in three more focus groups, “A Qualitative Study Among Latino/Hispanic Child Support Enforcement Limited Proficiency Customers,” are the basis, along with 1998 market demographics, for the “OCSE Guide for Latino Customer Service.” It will be available in early 1999.

The Guide focuses on effective customer service strategies and approaches for serving Hispanic customers; a Latino demographics section that shows where Latinos live; cultural considerations; illustrates new uses of marketing data to plan customer service for Latino families; provides the Federal requirements for serving persons of limited English proficiency; includes Best State Practices; discusses the value of using Hispanic media resources; and has detailed demographic profiles of 50 metropolitan areas in 20 key States where Hispanics live.

Purpose of the Activity

OCSE's first step to provide information about child support enforcement and the services available to Spanish-speaking Hispanic families, was to adapt (not translate) into Spanish, the Handbook on Child Support Enforcement as **Mi Familia, Nuestra Vida**. This publication is on OCSE's WEBSITE so it can be downloaded and tailored by States for their Latino customers.

Mi Familia, Nuestra Vida has a section that discusses how to include medical support in the child support order. It also provides the Defense Enrollment Eligibility Reporting System's 800 numbers so that military dependents can also receive the protection of medical insurance.

Health benefits and access to health care are important adjuncts to child support payments.

Target Population Served:

Latino families and their children across the nation that may need or are in the process of establishing child support orders.

Number of People Served/Reached:

The publication, **Mi Familia, Nuestra Vida** with the section "Como se hace para que la orden de sustento de menores incluya seguro médico" on page 25 (What to do to ensure that medical support is included in the support order) has been distributed to 11,000 people.

Dollars Involved for each Activity by Fiscal Year (FY 1997 and FY 1998): FY 1997 \$35,000 FY 1998 \$5,500 (reprints)

Expected or Reported Outcome and/or Impact: The expected outcome is that child support orders established for Latino custodial parents will include medical support/insurance coverage.

Agency Contact Person, Title, Phone Number: David H. Siegel, Director of Consumer Services, Office of Child Support Enforcement, (202)401-9373.

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:

Home Based Fitness Program

Funded by the National Institute on Aging

Background/History of the Activity:

Participants given option of free two-year membership in health club or exercise equipment in the home. Progress monitored over two-year period with yearly blood work, stress test, and psychosocial testing.

Purpose of the Activity:

Follow up home-based fitness program for graduates of the Health Promotion intervention.

Target Population Served:

Graduates of health promotion program.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Improved fitness and overall health; access to health-promoting activities.

Contact Person

Dr. James Rimmer, Associate Professor and Principal Investigator

Phone: (312) 413-9651

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:

Latino Education and Empowerment

Background/History of the Activity:

Currently, two research projects are evaluating a comprehensive model of empowerment applied to the problem of transitioning minority youths with disabilities, including severe disabilities, from the Chicago Public Schools to employment. IDHD also has a full-time self-advocacy specialist who works with individuals and community groups to promote effective self-advocacy.

Purpose of the Activity:

Evaluating a comprehensive model of empowerment applied to the problem of transitioning minority youths with disabilities from the Chicago Public Schools to employment.

Target Population Served :

Minority youth.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Increased numbers of minority youth empowered to seek and hold jobs in the community.

Contact Person

Fabricio Balcazar, Ph.D.

Phone: (312) 413-1646

Christopher Keys, Ph.D.

Phone: (312) 413-1967

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:
Center on Emergent Disability

Background/History of the Activity:

A three-year \$1.05 million research center funded by NIDRR to develop a knowledge base for shaping the future national disability research agenda. This research center is devoted to examining the factors and processes in contemporary life which may cause or put people at risk of disability. Of particular interest are the increased risks associated with poverty and social problems common in major urban areas.

Purpose of the Activity:

To develop a knowledge base for shaping the future national disability research agenda.

Target Population Served :

Policy makers, service providers, consumers and their families.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

N/A

Expected or Reported Outcome and/or Impact:

Current research activities include analyses of national data sets, national sampling of state disability surveillance systems, studies of community screening efforts, post-trauma follow-ups, and a longitudinal study of infants exposed to drugs in-utero.

Contact Person

Glenn T. Fujiura, Ph.D., Principal Investigator
Phone: (312) 413-1977

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:
Family Clinic

Background/History of the Activity:

The Family Clinic is composed of professionals from audiology, education, medicine, nursing, occupational therapy, psychology, social work, and speech/language. The clinic emphasizes the value of the family, resources within the community, and the importance of a multidisciplinary lifespan approach in providing services.

Purpose of the Activity:

The Family Clinic provides family-focused comprehensive assessment services for children at risk who live in some of Chicago's most economically challenged areas.

Target Population Served:

Minority children and families.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Funding for the Family Clinic is provided by grants from the Illinois Department of Mental Health and Developmental Disabilities, funding from the University of Illinois at Chicago, and third party payments from Medicaid, Medicare, and private insurers. A sliding fee scale is used to determine any payments from recipients of services. However, no one is turned away on the basis of ability or inability to pay.

Expected or Reported Outcome and/or Impact:

The clinic's medical staffs have specialization in developmental pediatrics, pediatric cardiology, neurology, psychiatry, orthopedics, ophthalmology, and otolaryngology.

Contact Person

Dale Mitchell, Ph.D., Director

Phone: (312) 413-1871

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:

The Children's Program

Background/History of the Activity:

The Children's Program serves preschool and school age children with suspected or confirmed developmental delays or disabilities. Based on the needs of the child, the interdisciplinary evaluation may include any or all of the following disciplines: audiology, clinical psychology, nursing, occupational therapy, ophthalmology, pediatrics, pediatric neurology, psychiatry, social work, and speech-language pathology. After the interdisciplinary evaluation is completed, a meeting is arranged with the family to discuss the findings and recommendations, and to assist the family in obtaining needed services. Other diagnostic or community evaluations may be arranged as needed.

Purpose of the Activity:

The Children's Program provides interdisciplinary diagnostic evaluations and related services within a family-centered model.

Target Population Served:

Children and families.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Funding for the Children's Program is provided by grants from the Illinois Department of Mental Health and Developmental Disabilities, funding from the University of Illinois at Chicago, and third party payments from Medicaid, Medicare, and private insurers. A sliding fee scale is used to determine any payments from recipients of services. However, no one is turned away on the basis of ability or inability to pay.

Expected or Reported Outcome and/or Impact:

The Children's Program provides consultation and training in areas including language stimulation techniques, parent-child interaction, behavioral change, and developmental disabilities.

Contact Person

Joan Ingram, Ph.D., Program Coordinator

Phone: (312) 413-1819

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:
Hispanic Diagnostic and Family Support Program

Background/History of the Activity:

Bilingual family conferences, support to parents through educational groups, training in the use of behavioral techniques, and short-term family therapy are available. The program also offers training and consultation to professionals and community agencies working with Hispanic families, with an emphasis on understanding cultural issues.

Purpose of the Activity:

Comprehensive assessments in Spanish and/or English for persons with developmental disabilities are available for those who require or desire such services.

Target Population Served :

Minority children and families.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Funding for the Hispanic Program is provided by grants from the Illinois Department of Mental Health and Developmental Disabilities, funding from the University of Illinois at Chicago, and third party payments from Medicaid, Medicare, and private insurers. A sliding fee scale is used to determine any payments from recipients of services. However, no one is turned away on the basis of ability or inability to pay.

Expected or Reported Outcome and/or Impact:

The full range of Children's Program assessments described earlier are available, tailored to the specific needs of the individual.

Contact Person

Irma Hernandez, MSW, Program Coordinator
Phone: (312) 413-1819.

ADD UNIVERSITY AFFILIATED PROGRAMS: MINORITY HEALTH ACTIVITIES

Agency Name: Institute on Disability and Human Development, College of Health and Human Development Sciences, University of Illinois at Chicago, UAP

Title of the Program or Program Activity:

Zero through Three Diagnostic Program

Background/History of the Activity:

The interdisciplinary evaluation typically takes one day and may include audiological, developmental pediatric, motor skills, psychiatric, psychological, psychosocial, and speech-language assessments. The results of these assessments are compiled into a single, comprehensive report which is presented at a family conference. This family conference also identifies needed educational and clinical supports in the community and assists in linking to them.

Purpose of the Activity :

The Zero through Three Diagnostic Program is an interdisciplinary program serving children identified with or at risk of developmental delays or other developmental problems.

Target Population Served:

Children and families.

Number of People Served/Reached:

N/A

Dollars Involved for Each Activity by Fiscal Year (FY 1997 and FY 1998):

Funding for the 0-3 Program is provided by grants from the Illinois Department of Mental Health and Developmental Disabilities, funding from the University of Illinois at Chicago, and third party payments from Medicaid, Medicare, and private insurers. A sliding fee scale is used to determine any payments from recipients of services. However, no one is turned away on the basis of ability or inability to pay.

Expected or Reported Outcome and/or Impact:

The Zero through Three team is available for consultation and training in the areas of child development, child language stimulation, behavioral change, early interventions, and transitioning from home to preschool programs.

Contact Person

Ann Cutler, M.D., Program Coordinator

Phone: (312) 413-1490.

ATTACHMENT 10

Health Care Financing Administration

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Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Morehouse School of Medicine, Atlanta, Georgia.

Title of Project: Factors Associated with Low Mammography Rates Among Elderly Blacks.

Purpose of the Activity: To provide information that will lead to reductions in breast cancer mortality among African American Medicare beneficiaries aged 65 and over in Fulton and DeKalb Counties, in the State of Georgia by increasing the percentage of the population screened for breast cancer annually. The study will develop, field test, evaluate, and disseminate a model for identifying barriers to test breast cancer screening among various populations. The project will also conduct a needs assessment among the target population in order to collect information on the barriers to screening that exist in this population.

Target Population Served: Approximately 200 elderly African American women in four high-rise buildings and a senior center in Fulton and DeKalb Counties.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$117,620.

Expected or Reported Outcome and/or Impact: To increase the percentage of elderly African American women receiving annual mammography screening, increase the knowledge of breast cancer, and improve the attitude toward breast cancer screening. This study will contribute to the goal of Healthy People 2000, which has established a goal of 80% of all women over the age of 40 years and HCFA's goal of 60% for Medicare beneficiaries.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410/786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Southern University and A&M College, Baton Rouge, Louisiana.

Title of Project: Reducing Educational Barriers Created by Low Literacy in African Americans with Diabetes.

Purpose of the Activity: To develop and test a model to evaluate the cultural appropriateness and reading level of educational materials, videos, and written instructions given to African American diabetics and to determine the appropriateness of the education materials for low literacy African Americans. The project will help improve participant comprehension level of diabetes related instructional materials, thus reducing preventable complications and the corresponding costs. The researchers will implement the project in four phases: 1) testing the readability of 50 written instructional materials; 2) testing the reading and listening comprehension and word recognition of focus group members; 3) developing new materials and publishing guidelines for developing educational materials for low literacy individuals; and 4) training health professionals to develop educational materials for low literacy individuals.

Target Population Served: Focus group consisting of African Americans with diabetes in the State of Louisiana.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$125,000.

Expected or Reported Outcome and/or Impact: To decrease the incidence of complications from diabetes among African Americans and increase the likelihood of control of the disease.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410/786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Tennessee State University, Nashville, Tennessee.

Title of Project: An Educational Intervention Program to Increase Mammography Screening Among African American Females.

Purpose of the Activity: To increase breast self-examination, and increase mammography screening and clinical breast examination among African American females aged 40 and over.

Target Population Served: A random sample of approximately 200 African American females from collaborating Black churches. These churches will be stratified by their size and medium income of the census tracts in which they exist, and using a stratified sampling procedure, 50 of these churches will be randomly selected for the study.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$131,344.

Expected or Reported Outcome and/or Impact: To increase early detection behavior which will help lower the breast cancer mortality rate among African American females. This study will also contribute to the goal of Healthy People 2000, which has established a goal of 80% of all women over the age of 40 years and HCFA's goal of 60% for Medicare beneficiaries.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410/786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Lincoln University, Lincoln, Pennsylvania.

Title of Project: An Awareness Program to Empower Decision-Making About Prostate Cancer Among African American Males: An Urban and Rural Initiative.

Purpose of the Activities: The study will: 1) increase awareness of issues relating to prostate cancer screening and treatment among and including up to 4,400 African American adults in the two target areas; 2) demonstrate improved feelings of empowerment for decision-making about prostate cancer screening and treatment; 3) provide information on comparison data on outcomes of an educational intervention program on prostate cancer for a group of rural and urban African American adults; 4) test training materials to prepare lay trainers for empowerment training at the community level in the African American community; and 5) test training materials for dissemination to the African American community, designed to improve decision-making skills about prostate cancer screening and treatment.

Target Population Served: Approximately 4,400 African American males in Philadelphia, Pennsylvania, and in rural areas of the state of Delaware. Approximately 44 workshops (22 per year) will be conducted in each location over a 2-year period.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$123,482 FY 1998 - \$124,970.

Expected or Reported Outcome and/or Impact: To determine the scope and causes of the problem in the target areas as well as interventions or strategies that could be implemented to help reduce the problem. To also develop culturally appropriate health education interventions in the African American community.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Howard University, Washington, D.C.

Title of Project: Barriers and Other Correlates of Health Care Practices Associated with Selected Precursors of End Stage Renal Disease (ESRD) Among At-Risk African Americans: Exploring and Intervening for Change.

Purpose of the Activity: The project will: 1) explore and assess the relationship of barriers and other correlates of desirable health care practices engaged in by at-risk African Americans related to ESRD and its two precursors, diabetes mellitus (DM) and high blood pressure (HBP); 2) assess the effectiveness of selected educational intervention strategies at the micro level, i.e., involving public housing residents, in improving health care practices (HCPs) of African Americans related to ESRD and its two selected precursors, DM and HBP; and 3) determine the wider societal impact, if any, of selected educational intervention strategies in reducing the frequency of ESRD treatment cases, and its related outcomes (e.g., ESRD-related deaths).

Target Population Served: The treatment group will be 125 residents of a public housing project in Washington, D.C., and two control groups of 125 residents of a public housing project in Daytona Beach, Florida and in Dover, Delaware.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$94,840 FY 1998 - \$68,918.

Expected or Reported Outcome and/or Impact: The study has the potential to make the following important contributions: 1) elucidating important information relating to DM, HBP, and ESRD among a sample of poor, at-risk African Americans living in public housing; 2) providing important information concerning the prevention and/or control of ESRD and its precursors on which future research in the area can build; and 3) providing important information that over time, could result in a lower incidence of ESRD and its related sequelae, which in turn results in reduced costs to the Medicaid and Medicare program.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Meharry Medical College, Nashville, Tennessee.

Title of Project: Prevalence of Key Health Risk Factors and Barriers to Health Care Among Medicaid and Medicare Eligibles Living in Low-Income Housing Projects.

Purpose of the Activity: The purpose of this activity is to assess health status and identify risk factors relating to the three leading causes of death: cardiovascular disease, cancer, and stroke. It is also designed to determine barriers to access and utilization of health care among Medicare and Medicaid eligible populations living in low income housing. It will assess the health status by looking at cholesterol level, blood pressure, blood sugar, height, weight, and related risk factors (diet, obesity, and smoking) of the Medicaid and Medicare eligible population, and perform a needs assessment and identify barriers to access and utilization of the health care system. It will concentrate on knowledge, attitudes, and practices.

Target Population Served: A sample of 360 adults aged 18 years and older will be selected using a cluster sample technique.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$124,984 FY 1998 - \$125,002.

Expected or Reported Outcome and/or Impact: The study will address the determinants of the differential of health problems in the African American community, describe the problems in access and quality involving health care services, demonstrate an understanding of the socioeconomic and racial differences in health services and the access needs of these populations, and explore the enabling factors that may enhance access and utilization of the existing health care system.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Alcorn State University, Lorman, Mississippi.

Title of Project: The Effects of Health Education in the Participation of African American Men in Routine Screening for Prostate Cancer in Rural Southwest Mississippi.

Purpose of the Activity: To increase the knowledge level of African American men about prostate cancer as measured by pre-tests and post-tests. To change the attitudes of African American men toward prostate cancer and prostate health by pre and post-survey data. To change the behavior of African American men in relation to routine screening for prostate cancer, increasing the number who participate in regular and systematic screening .

Target Population Served: The sample population of this study will be 10% of the subjects by county (five Mississippi counties). The sample will be selected from volunteers (focus groups) who agree to participate in the research activities over a 2-year time span.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$141,207
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: Health education among African American men will result in positive change in attitude, increased knowledge, and participation in routine prostate cancer screening. Hence, health education intervention may be the key factor to positively impact the behavior of African American males to increase their participation in routine screening.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: Howard University College of Medicine, Washington, D.C.

Title of Project: The Determinants of Barriers to Minority Health Care and Differential Health Care Utilization between Older African Americans and Caucasians.

Purpose of the Activity: The project will: 1) examine the differences in socio-economic and health status of elderly African Americans, in order to determine how these factors influence their use of health and long term care services; 2) investigate the combined influences of informal support networks and formal health care programs in the lives of the African American elderly, and how these factors influence nursing home placement and mortality; and 3) examine the assumption that as a minority group member, the African American elderly receive more support from their informal networks than non-minority elderly.

Target Population Served: The participants for the study are the 7,527 older adults who participated in the longitudinal study on aging conducted by the National Center for Health Statistics (1984-88). The cohort for this project consisted of 560 African Americans who were seventy years of age or older in 1984. The study sample will be matched by key research variables with 560 comparable elderly caucasian respondents.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$91,087
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: The study addresses an important health issue, i.e., the predisposition of African American elderly to avoid or postpone treatment. It will provide information on coping mechanisms currently used by African American elderly and overall effectiveness, and possible long term consequences, of reduced access to health care. It may generate important new knowledge that will have immediate practical and policy implications, thereby providing a more objective basis for projecting and planning long term care policies and programs.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

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HBCUs: Morgan State University, Baltimore, Maryland, Coppin State University, Baltimore, Maryland, and Norfolk State University, Norfolk, Virginia.

Title of Project: Oral Rehydration, Therapy and Child Immunization Initiative for Infants and Children of AFDC Beneficiaries from Inner-City African American Communities.

Purpose of the Activity: The purpose of this collaborative research effort of Morgan (the principal investigator), Coppin State, and Norfolk State Universities is to design, implement, and evaluate a community-based, self-help demonstration health project aimed at increasing the awareness and utilization of immunization against common childhood diseases and oral rehydration therapy for diarrheal disease treatment among targeted African American families of Aid to Families with Dependent Children (AFDC) beneficiaries. This was accomplished with two interventions. The first intervention involved a self help group model developed by the National Black Women's Health Project. This model was designed to promote health and well-being, particularly among low-income African American women, their families, and their communities. The second intervention was a health resource mother who served as a case manager to provide follow-up interventions to enhance the knowledge of access to preventive care for the experimental group of AFDC families.

Target Population Served: 225 African American families of AFDC beneficiaries.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$159,917
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: We expect this demonstration will: 1) increase the immunization rate among its participants to 80%; 2) increase the use of oral rehydration therapy from 0% to 30%; and 3) enhance the knowledge of oral rehydration therapy among child care and health care providers. We may propose innovative solutions to many of these identified problems: access to appropriate preventive care, coordination of services, health maintenance, and the cost of care.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

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HBCU: Tennessee State University, Nashville, Tennessee.

Title of Project: Mental Health Service Utilization by the Elderly in Tennessee: The Effect of Race, Social Class, and Co-Morbidity.

Purpose of the Activity: The project will examine the effects of race, socio-economic status, and co-morbidity on utilization of mental health services by the elderly of Tennessee during 1989-1992. This period for the analysis of Medicare data is chosen because it corresponds to the same time when 2 large multi-year surveys on randomly selected African American and white elderly of Nashville were conducted. The study examined the role of social class and ethnicity, as well as the effects of co-morbidity and diagnosis on the type of services used by the mentally ill. Costs will also be included in the analysis. The specific objective of the analysis is to determine the effect of race, socio-economic status (using education and income), and co-morbidity on mental health service utilization including hospital and out-patient in Tennessee.

Target Population Served: Approximately 1,200 elderly in metropolitan Nashville.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$105,362
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: This project will result in outcomes directed to changes in the community including targeted training and educational activities, as well as publications to benefit the African American community elsewhere. It would provide results that may not be available from other sources and would illuminate issues of mental health access and utilization, as well as the types of mental health diagnosis and related comorbidities. This is an important area for consideration because there are sufficient data to show that African American elderly use medical services less than their white counterparts. However, when they do use these services, they usually present much more serious health conditions than their white counterparts.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

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HBCU: Florida Agricultural and Mechanical University, Tallahassee, Florida.

Title of Project: Utilization of Mammography Services Among Elderly African American Women: Educational Intervention and Research Project.

Purpose of the Activity: The purpose of this project is to increase the utilization of mammography screening and clinical breast examination among elderly African American women by promoting educational and prevention programs. The project will be conducted in four phases: Phase 1 - a) identify two rural and two urban counties where the educational intervention will be implemented; and b) compute the annual mammography screening and clinical breast examination rates for elderly African American and Caucasian women who are participating in the Medicare program using HCFA data. Phase 2 - a) use descriptive research methods to collect data and identify the nature of the problems and challenges faced by directors of outreach programs in terms of their ability to reach elderly African American women; and b) establish an advisory committee composed to two senior level faculty from each of the following HBCUs: Tuskegee University, Jackson State University, Alcorn State University, Tennessee State University, and Bethune Cookman College. Phase 3 - a) implement an educational intervention program designed to increase the level of awareness and knowledge of African American women regarding the benefits of mammography and clinical breast examination. Phase 4 - a) investigators will obtain the claims data from HCFA to compute annual mammography rates to evaluate the impact of the Intervention.

Target Population Served: Medicare beneficiaries in 2 rural and 2 urban counties in Florida.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$61,322
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: To increase the number of elderly (65 years and older) African American women using mammography screening services.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

HBCU: University of Maryland - Eastern Shore, Princess Anne County, Maryland.

Title of Project: The Use of Educational Intervention Programs in African American Communities to Decrease the Racial Disparity in Access to and Utilization of Heart and Vascular Procedures.

Purpose of the Activity: This project will: 1) identify the underlying reasons why pronounced differences exist between the rates of white and African American Medicare beneficiaries utilizing high-cost cardiovascular surgical procedures; 2) provide educational interventions that will assist in alleviating causes of racial disparities in the treatment of African American and white Medicare beneficiaries with cardiovascular disease; 3) determine yet unmeasured socioeconomic factors and cultural barriers that create problems relative to access and utilization of cardiovascular procedures by African Americans; and, (4) compare the net cost-benefit effect of cardiovascular invasive treatment to long-term, high-cost medical treatment for cardiovascular patients.

Target Population Served: African American 65 years old and older, relatives, especially sons and daughters, of these individuals, community leaders, and health care providers.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$104,570
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: Expected outcomes are to: (1) provide an awareness of treatment choices for specific heart and vascular conditions; (2) reduce the racial differences in access and utilization of high cost cardiovascular surgical procedures by Medicare beneficiaries; (3) evaluate the extent of prevailing racial differences and the development and implementation of an educational intervention program; (4) develop and administer new educational programs in local African American communities and identify barriers to the use of high quality, perhaps cost-efficient, vascular surgical procedures; (5) provide an analysis of African American Medicare beneficiary utilization rates of cardiovascular surgical procedures performed in the hospital; and, (6) compare the availability and utilization on the study procedures of African American and white Medicare beneficiaries.

Agency Contact Persons, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

Institution(s): HCFA, Office of Minority Health/Office of Public Health and Science, Minority Health Professions Foundation, and HBCUs.

Title of Project: Historically Black Colleges and Universities (HBCUs) Health Services Research Conferences.

Purpose of the Activity: The purpose of these conferences is to share information about research projects funded under HCFA's HBCU Health Services Grant Program. Researchers discuss project findings and how the Medicare program addresses the needs of the targeted populations. The conferences serve as a forum for discussions about HBCU research projects, and provide researchers the opportunity to network with conference participants.

Target Population Served: HBCUs, majority institutions, research community, federal officials, and other representatives from the Department of Health and Human Services.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - \$15,000 (Funds allocated to the Minority Health Professions Foundation in an earlier fiscal year) FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: To share the following information -- project goals and objectives, target population, study design, preliminary data, data collection, implications, research questions or hypotheses, and coordination with community organizations. To network with representatives from the Department of Health and Human Services and the research community.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of Program or Program Activity: Historically Black Colleges and Universities (HBCUs) Health Services Research Grant Program.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Health Services Research Grant Program is designed to: 1) assist HBCUs by supporting extramural research in health care capacity development activities for the African American community; 2) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; and 3) encourage HBCUs researchers to pursue funding at HCFA as well as other Federal agencies, and submit high quality applications for funding.

Institution(s): HCFA, Office of Minority Health/Office of Public Health and Science, Minority Health Professions Foundation, HBCUs.

Title of Project: HBCU Health Services Research Network Conference.

Purpose of the Activity: The HBCU Network will: 1) promote health services research by and for African Americans and other underserved populations; 2) address the health needs of African Americans in the health services arena; 3) develop an information center for collection and dissemination of information to HBCUs; 4) increase the capacity of HBCUs to develop quality research; 5) promote HBCUs access to major research initiative; 6) establish partnerships between historically and predominately Black colleges and universities, majority institutions, state and federal agencies, and other parties interested in improving the health status of African Americans and other underserved populations; and, 7) encourage collaboration between researchers at HBCUs and predominately Black colleges.

Target Population Served: HBCU faculty members and researchers.

Dollars Involved for Each Activity for Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$15,000 (Funds allocated to the Minority Health Professions Foundation in an earlier fiscal year).

Expected or Reported Outcomes and/or Impact: To: (1) increase the pool of African American researchers available in carrying out the research, demonstration, and evaluation activities of HCFA; (2) develop a mechanism for the dissemination of major health care findings impacting African American populations; (3) develop a collaborative effort by HBCUs and majority institutions inclusive of some means of reporting, i.e., journals, proceedings, etc.; (4) provide research information to all HBCUs; and, (5) foster inter-university communication and collaboration regarding health care financing issues.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 401-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Horizon Pilot Projects and Good Neighbor Flu Project.

Background/History of the Activity: President Clinton expressed and demonstrated his commitment to empowering Historically Black Colleges and Universities (HBCUs) to find solutions to the many difficult issues facing our nation's African American communities.

HBCUs have the expertise, knowledge, reputation, and sensitivity that are important as we work toward solutions to pressing problems. HCFA, Peer Review Organizations (PROs), and HBCUs are crossing new horizons and establishing new partnerships for quality improvement.

Purpose of the Activity: To: (1) improve the influenza immunization rates for African American Medicare beneficiaries; (2) to build capacity in each PRO and its partnering HBCU to create coalitions to improve the health status of African Americans in a systemic way; (3) to assemble a network of local community resources to continue successful preventive health programs on an ongoing basis; and, (4) increase the pneumococcal rates and the influenza rates for African American Medicare beneficiaries.

Target Population Served: African American Medicare beneficiaries.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Funded by PROs
FY 1998 - Funded by PROs.

Expected or Reported Outcome and/or Impact: To annually increase the influenza and pneumococcal vaccination rates for African American Medicare beneficiaries. To build capacity in local communities to improve the health status of African American Medicare beneficiaries in a systemic way.

Agency Contact Person, Title, Phone Number: Jacqueline Harley, Health Insurance Specialist, Office of Clinical Standards and Quality, 410/786-7222 and Diane Wade, Horizons Pilot Project Manager, HCFA Regional Office in Dallas, 214/767-4439.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Historically Black Colleges and Universities (HBCUs) - Children's Health Insurance Program Outreach 1998 National Conference.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and to increase opportunities to participate in and benefit from Federal programs.

Purpose of the Activity: To provide HBCUs with information on the Federal framework for the Children's Health Insurance Program (CHIP) and State options for the administration of the program and explore ways HBCUs can assist in efforts to provide outreach to uninsured children.

Target Population Served: Medicaid beneficiaries and uninsured children eligible for CHIP.

Audience Served: Representatives from HBCUs, HCFA, HRSA, and State Medicaid Agencies.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - Not Available.

Expected or Reported Outcome and/or Impact: To produce creative and effective outreach initiatives on how to provide health insurance coverage to many of the nation's estimated 10 million uninsured children - approximately 18.8 percent are African American.

Agency Contact Person, Title, Phone Number: Helaine Jeffers, Deputy Director, Division of Quality Improvement and Training, Center for Medicaid and State Operations, 410/786-5648, Charlotte E. Fleming, Health Insurance Specialist, Center for Medicaid and State Operations, 410/786-2640.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: HBCU/Medicaid Partnership Project - Expanding the Public/Private Partnership to Improve the Health Status of African American Medicaid Beneficiaries- Robert Wood Johnson Foundation Proposal Workgroup Initiative.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Medicaid Partnership Project is designed to coordinate outreach activities between HBCUs/State agencies and private Foundations that will examine health services issues of importance to African Americans.

Purpose of the Activity: The Robert Wood Johnson Foundation (RWJF) and HCFA sponsored a grant proposal writing workshop on February 9, 1998. A representative from RWJF conducted a one-day grant proposal writing workshop for schools that submitted a "letter of intent" to write a grant proposal as part of the Medicaid HBCU Partnership Initiative. Representatives from the State Medicaid Agencies working with the schools on the grant proposals were also invited. The workshop took place at the North Carolina Agricultural and Technical State University, in Greensboro, North Carolina.

Target Population Served: African American Medicaid Beneficiaries.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 98 - \$2,020.

Expected or Reported Outcome and/or Impact: The Conference provided knowledge on grant making strategies to equip HBCUs to gain a competitive edge in the grant awards process. Areas addressed included: (1) developing an Executive Summary; (2) writing a Background or a brief description of the problem you propose to address; and, 3) a project description, which includes the project's principal objectives and expected outcomes, methodology, and timetable.

Agency Contact Person(s), Title, Phone Number: Helaine M. Jeffers, Deputy Director, Division of Quality Improvement and Training, Center for Medicaid & State Operations,
(410) 786-5648, Charlotte E. Fleming, Health Insurance Specialist, Center for Medicaid & State Operations,
(410) 786-2640.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: HBCU/Medicaid Partnership Project - Expanding the Public/Private Partnership to Improve the Health Status of African American Medicaid Beneficiaries.

Background/History of the Activity: Executive Order 12876 mandates activities in Cabinet-level Departments and Agencies to strengthen the capacity of HBCUs to provide quality education and increase opportunities to participate in, and benefit from, Federal programs. The HBCU Medicaid Partnership Project Program is designed to coordinate outreach activities between HBCUs/State agencies and private Foundations that will examine health services issues of importance to African Americans.

Purpose of the Activity: The main goal of the Medicaid HBCU Project is to address barriers to health care that result in poorer health status among minority beneficiaries. This requires conducting studies to determine why these health status disparities persist and then designing interventions that are effective in resolving the problems. The planning contract allows HBCUs to gather talent and resources necessary to address the health care issues of African Americans. It is expected that the research will focus on ascertaining why poor African Americans are not receiving health care, or taking advantage of health care services, or why health outcomes are less positive than for the majority population.

Schools Involved in the Partnership Project: (1) Morehouse School of Medicine; (2) South Carolina State University; (3) North Carolina A&T University; (4) Alcorn State University; (5) Norfolk State University; (6) Langston University; (7) Southern Agricultural & Technical University; and, (8) Tennessee State University.

Target Population Served: African American Medicaid beneficiaries with diabetes, breast cancer, African American Medicaid beneficiaries and eligibles obtaining prenatal services, and elderly consumers enrolled in HMOs.

Dollars Involved for Each Activity by Fiscal Year: FY 97 - \$72,000, FY 98 - \$58,000.

Expected or Reported Outcome and/or Impact: The identification of African Americans with, or at risk, of diabetes; their health care needs and Medicaid eligibility status; and factors related to access to Medicaid services in local communities. To assess the knowledge, beliefs, attitudes, and breast cancer screening practices among African American program participants. To determine underlying causes as to why health care services are being underutilized by Medicaid eligible African Americans and to increase respondents' knowledge of the availability of prenatal services as well as the knowledge of their eligibility for prenatal services. To improve the delivery of preventive services to low income women of childbearing age and their families.

Agency Contact Person(s), Title, Phone Number: Helaine M Jeffers, Deputy Director, Division of Quality Improvement and Training, Center for Medicaid & State Operations, (410) 786-5648, Charlotte Fleming, Health Insurance Specialist, Center for Medicaid & State Operations, (410) 786-2640.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Hispanic Health Services Research Grant Program.

Background/History of the Activity: The Hispanic Agenda for Action (HAA) incorporates the Department's efforts to implement Executive Order 12900, "Educational Excellence for Hispanic Americans. The HAA addresses a broad range of issues relating to employment with HHS; customer service; support for Hispanic-serving educational institutions; and health, including data and research, with specific recommendations to enhance the Department's efforts to better serve the needs of the Hispanic community. The Hispanic Health Services Research Grant Program is designed to increase the participation, promotion, and professional development of Hispanic investigators in health services research.

Institution: University of Texas Health Science Center at San Antonio Medical School.

Title of Project: A Population-Based Case Control Study of Ethnic Differences in the Utilization of Elective Hip or Knee Replacement Surgery for Arthritis.

Purpose of the Activity: To look at ethnic differences in the utilization of elective hip or knee replace surgery for arthritis among Hispanics and non-Hispanics in Bexar County, Texas. The researchers will assess persons hospitalized for these procedures between February 1999 and January 2000. The project will: 1) compare ethnic backgrounds between persons hospitalized for elective arthritis-related hip/knee replacement surgery and persons hospitalized for other reasons; 2) examine the association between socio-economic status and acculturation and the likelihood of recipients of hip/knee replacement being Hispanics compared others; 3) measure age-adjusted rate of elective replacement surgery, using census population data as denominator; and, 4) investigate to what extent Bexar County residents who are Medicare and Medicaid beneficiaries undergo elective hip/knee replacement for arthritis outside the county.

Target Population Served: Examination of data from 16 community-based hospitals in Colorado.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$125,000.

Expected or Reported Outcome and/or Impact: Population-based estimates will be assessed using Medicare and Medicaid claims data to measure the extent to which Bexar County residents undergo hip or knee replacement hospitals outside their county of residence. The study addresses a health problem which focuses on quality of life health issues rather than mortality reduction. It also discusses the 1994 NIH Consensus Conference on hip/knee replacement which call for researchers to focus on minorities because there was currently a lack of data.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410/786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Hispanic Health Services Research Grant Program.

Background/History of the Activity: The Hispanic Agenda for Action (HAA) incorporates the Department's efforts to implement Executive Order 12900, "Educational Excellence for Hispanic Americans." The HAA addresses a broad range of issues relating to employment with HHS; customer service; support for Hispanic-serving educational institutions; and health, including data and research, with specific recommendations to enhance the Department's efforts to better serve the needs of the Hispanic community. The Hispanic Health Services Research Grant Program is designed to increase the participation, promotion, and professional development of Hispanic investigators in health services research.

Institution: Arizona Board of Regents for and on Behalf of Arizona State University.

Title of Project: Use of Prenatal, Infant, and Childhood Health Services Among High-Risk Hispanic Subgroups: Arizona's Newborn Intensive Care Program.

Purpose of the Activity: To look at the use of perinatal, infant, and childhood health services among high risk Hispanic subgroups. The study will examine the utilization and efficacy of the Newborn Intensive Care Program (NICP). This statewide program is designed to decrease maternal and infant mortality through a system of coordinated care in the following areas: 1) maternal and infant transport component; 2) hospital services; 3) community nursing services; and, 4) developmental clinics component. It will examine ethnic utilization services (Hispanic and White) and within ethnic differences (US vs. Mexican born Hispanics); utilization of NICP services by linking birth certificate data; pre and post July 1997 utilization (undocumented denied access to state services); and utilization patterns of Medicaid Hispanic patients who are NICP enrollees. In addition, focus group and in-depth interviews will be conducted with patients and practitioners to assess qualitative assessment of NICP services.

Target Population Served: Enrollees in Arizona's Newborn Intensive Care Program (NICP).

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$120,072.

Expected or Reported Outcome and/or Impact: 1) To evaluate the use of health services among high risk Hispanic subgroups. 2) To determine if there are differences in enrollment, diagnoses, use of services, barriers to health services, and cost of the NICP in Arizona between a) Hispanic women and non-Hispanic white women, and b) between U.S. born Hispanic women and Mexico born women. 3) To determine the rates of diagnoses for the different Hispanic subgroups. 4) To see the effects of July 1997 enactment of AHCCCS to receive prenatal care, on NICP enrollment, diagnoses, and costs. 5) To determine the subjective impressions of Hispanic women using the NICP system and of NICP providers regarding: delivery of care, quality and treatment issues, cultural competence, and communication barriers between patient and providers of care.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410/786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Hispanic Health Services Research Grant Program

Background/History of the Activity: The Hispanic Agenda for Action (HAA) incorporates the Department's efforts to implement Executive Order 12900, "Educational Excellence for Hispanic Americans. The HAA addresses a broad range of issues relating to employment with HHS; customer service; support for Hispanic-serving educational institutions; and health, including data and research, with specific recommendations to enhance the Department's efforts to better serve the needs of the Hispanic community. The Hispanic Health Services Research Grant Program is designed to increase the participation, promotion, and professional development of Hispanic investigators in health services research.

Institution: University of Massachusetts, Boston, Gaston Institute for Latino Community Development and Public Policy.

Title of Project: Assuring Quality Health Care for Hispanic MassHealth Consumers.

Purpose of the Activity: The study is in Massachusetts where Hispanics/Latinos are 6% of the total state population and 20% of the MassHealth (the state's Medicaid program) caseload which now approaches 1 million consumers. Hispanics/Latinos are the largest group of minority consumers of MassHealth. The Gaston Institute for Latino Community Development and Public Policy and a diverse group of Massachusetts Hispanics/Latino university faculty and research staff and community care health providers are undertaking a collaborative relationship with the Massachusetts Division of Medical Assistance (or MassHealth, the state's Medicaid agency) to address the primary question: To What Extent do Hispanic/Latino Consumers of MassHealth services receive quality health care?

Target Population Served: Hispanic/Latino consumers of MassHealth Services.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$114,070.

Expected or Reported Outcome and/or Impact: Questions to be explored to address this area are: 1) comparing Hispanic/Latino to Black to White MassHealth Primary Care Clinician Plan consumers -- In what areas do their health care services meet or exceed the selected HEDIS benchmarks, and in what areas they fall below the benchmark? 2) Is there evidence of differential quality of care delivery by race/ethnicity using HEDIS and consumer satisfaction indicators? 3) To what extent can differences in quality of care be explained by factors in the individual (risk, opportunity); the community (language, culture); or in the health care delivery system (outreach, cultural competence, barriers), 4) What recommendations to maintain or improve quality of care for Hispanic/Latino MassHealth consumers can be made?

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410/786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Hispanic Demographic Analysis of the Medicare Enrollment Data Base.

Background/History of the Activity: The Hispanic Agenda for Action (HAA) incorporates the Department's efforts to implement Executive Order 12900, "Educational Excellence for Hispanic Americans. The HAA addresses a broad range of issues relating to employment with HHS; customer service; support for Hispanic-serving educational institutions; and health, including data and research, with specific recommendations to enhance the Department's efforts to better serve the needs of the Hispanic community.

Purpose of the Activity:. To determine how accurately HCFA's enrollment data represent Hispanic women.

Target Population Served: Hispanic populations in Chicago, Los Angeles, and San Antonio.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 -\$150,000.

Expected or Reported Outcome and/or Impact: To further improve HCFA's ability to identify Hispanic beneficiaries in order to better serve their needs.

Agency Contact Person, Title, Phone Number: James Coan, Health Insurance Specialist, Health Promotion Division, Center for Beneficiary Services, 410-786-9168.

Agency Name: Health Care Financing Administration

Title of the Program or Activity: Vulnerable Populations: Understanding Differences in Health Status and Barriers to Care Program.

Background/History of the Activity: HCFA's focus on Minority Health Services Issues.

Institution: Henry Ford Health System, Center for Medical Treatment Effectiveness Program, Resource Center for African American Aging and Research.

Title of Project: "Improving Health Outcomes in Minority Populations: Building on the Minority Centers for Medical Treatment Effectiveness (MEDTEP) Programs" Conference.

Purpose of Activity: The conference was a partnership among the Health Care Financing Administration, Henry Ford Health System (Resource Center for African American Aging Research), Agency for Health Care Policy and Research, the National Institute on Aging, Veterans Administrations, and Pfizer, Inc. HCFA cosponsored this with Henry Ford Health System in order to analyze, review, and develop strategies to address the differences in health status and barriers to care, and to advance health and health care provided to vulnerable populations. The conference held on September 23, 1998, in Arlington, Virginia, informed HCFA, AHCPR, National Institutes of Health, other Federal agencies, minority focused research centers, and the public and scientific community about progress and research findings from the Minority Centers for Medical Treatment Effectiveness. Included was information on: 1) the use of a Center structure in developing a minority health agenda; 2) center experiences in developing minority investigators; 3) methodological advancements including advancements in assessment of barriers to care and differences in health status in vulnerable populations; and, 4) results of studies to improve health outcomes in minority and vulnerable populations.

Target Populations Served: Policy Makers, Media, Research Community, Advocacy Groups, Universities and Colleges, Representatives from the Federal Government.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$25,000.

Expected or Reported Outcome and/or Impact: 1) Communicate future directions for research and health policy related to minority health outcomes based on the MEDTEP Centers perspective. 2) Develop conference proceedings to allow access to the conference information for those who could not attend the conference. 3) Seek ways to improve the effectiveness of medical diagnosis and treatment in minority populations. 4) Provide technical assistance to those conducting minority health research. 5) Develop new minority researchers. 6) Disseminate information to help both minority patients and their health care providers. 7) Participate in community outreach.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Vulnerable Populations: Understanding Differences in Health Status and Barriers to Care.

Background/History of the Activity: HCFA's Focus on Minority Health Services Issues.

Institution: National Center for Minority Health (NCMH.)

Title of Project: "Managed Care, Medicaid, and Vulnerable Populations: Understanding Differences in Health Status and Barriers to Care" Symposium (Planning in 1998, Symposium to be held in the Spring 1999).

Purpose of Activity: This Symposium is a partnership among the Health Care Financing Administration, Office of Minority Health, W.K. Kellogg Foundation, Maryland's Department of Health and Mental Hygiene, National Association of Urban Based HMOs, Tennessee and Mississippi Managed Care Networks, and the National Center for Minority Health. HCFA is co-sponsoring this symposium with NCMH to analyze, review, and develop strategies to address the differences in health status and barriers to care, and to advance health and health care provided to vulnerable populations. It will bring together representatives from the African American, Hispanic, Native American, Asian Pacific Islander, and Alaskan Natives Professional communities with expertise in medicine, nursing, health care, and economics to address and analyze the following issues: 1) differences in health status and barriers to care to vulnerable populations; 2) the changing dynamics in the way health care is delivered and financed; 3) health status of racial and ethnic minorities; 4) the financial viability of organizations that provide health services to these minorities; and, 5) the wide range of potential and actual health risks for vulnerable populations.

Target Population Served: Minority representatives in the field of medicine, nursing, health care, and economics.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$25,000.

Expected or Reported Outcome and/or Impact: 1) Describe emerging approaches for measuring and monitoring the quality of and access to care provided under the managed care system. 2) Provide participants with an opportunity to obtain an overview of the needs of this population and the implications of those needs for managed care systems. 3) Describe successful strategies targeted to vulnerable and undeserved populations. 4) Identify issues pertaining to vulnerable populations centering around health problems requiring intervention and health status monitoring. 5) Explore the basic principles of managed care and their implications for racial and ethnic minority populations and the organizations that serve them.

Agency Contact Person, Title, Phone Number: Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Vulnerable Populations: Understanding Differences in Health Status and Barriers to Health.

Background/History of the Activity: HCFA's Focus on Minority Health Services Issues.

Institution (s): HCFA, Agency for Health Care Policy and Research (AHCPR), and the Henry J. Kaiser Family Foundation.

Title of Conference: Racial and Ethnic Inequities in Medical Care: Description of a Two-Day Forum (Planning in 1998, Conference to be held in September or October 1999).

Purpose of the Activity: The purpose of the Forum is to review what is known about racial and ethnic disparities in health and health care, the reasons for those disparities, and interventions that have been tried to reduce those disparities. Targeted goals include: 1) informing the policy making, advocacy, media, provider, and research communities; 2) developing a research agenda for future research and funding priorities; and 3) assisting Medicare Peer Review Organizations (PROs) in developing effective strategies to improve care for racial and ethnic minorities so that the PROs can work effectively with their local providers to reduce disparities.

Target Population Served: Policy makers, advocacy groups, media, health providers, and research community.

Dollars Involved For Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$50,000.

Expected or Reported Outcome and/or Impact: 1) A journal issue containing the papers presented on the first day of the forum; 2) a HCFA Review issue containing both the conference proceedings and the papers prepared for the second day of the Forum; and, 3) a research agenda that may be used to understand the issues needing to be addressed in order to make progress toward the President's goal of eliminating these disparities.

Agency Contact Person, Title, Phone Number: Task Leader-Nancy DeLew, Office of Strategic Planning, 202-690-7063 or Richard Bragg, Ph.D., Social Science Research Analyst, Office of Strategic Planning, 410-786-7250.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Demographic Analysis of the Medicare Current Beneficiary Survey (MCBS).

Background/History of the Activity: The Center for Beneficiary Services is dedicated to fostering excellence in the design and administration of HCFA's programs. In alignment with this commitment, staff resources have been dedicated to better understand and serve Medicare's diverse populations.

Purpose of the Activity: This project analyzes Medicare demographic data available through current collection sources. This information is used in the development of targeted initiatives for underserved communities.

Target Population Served: To date, analysis is targeted for the following Medicare populations: Hispanic, rural, hearing impaired, dually eligible, and African Americans.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - One full-time-equivalent employee.

Expected or Reported Outcome and/or Impact: To better understand populations served by the Medicare Program.

Agency Contact Person, Title, Phone Number: Suzanne Rotwein, Social Science Research Analyst, Planning and Analysis Group, Center for Beneficiary Services, 410-786-6621.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Multi-City Mammography Pilot Project.

Background/History of the Activity: The Multi-City Mammography Pilot Project is exploring ways in which to promote the use of Medicare's annual screening mammogram benefit to African American and Hispanic women. Activities are under way in Atlanta, Cleveland, Chicago, Philadelphia, Los Angeles, and San Antonio in which community-based interventions have been developed in partnership with local community groups, cancer prevention advocates, and other state and federal agencies.

Purpose of the Activity: African American and Hispanic women who are Medicare beneficiaries are less likely to receive an annual screening mammogram than their white counterparts. This project is working with the community to determine how to influence these women and encourage them to obtain an annual mammogram.

Target Population Served: The intended audience is African American and Hispanic women who are Medicare beneficiaries. Approximately 450,000 African-American and Hispanic women in these 6 cities can potentially benefit from this project.

Dollars Involved for Each Activity by Fiscal Year: FY 1998 -\$500,000 FY 1999 -\$500,000.

Expected or Reported Outcome and/or Impact: Increases in the rate of utilization of the Medicare annual screening mammogram benefit in African-American and Hispanic women to 60 percent.

Agency Contact Person, Title, Phone Number: James Coan, Health Insurance Specialist, Health Promotion Division, Center for Beneficiary Services, 410-786-9168.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Toll-free Medicare Help Line.

Background/History of the Activity: Balanced Budget Act of 1997 and Medicare + Choice Education program.

Purpose of the Activity: Alternative communication is information provided in a format and/or language that beneficiaries with special needs can most effectively use, and often prefer. The Medicare toll-free help lines are staffed with customer service representatives that can communicate with Spanish-speaking Medicare beneficiaries.

Target Population Served: HCFA targets Spanish-speaking Medicare beneficiaries as well as those with other special communication needs such as the hearing impaired and the visually impaired.

Dollars Involved for Each Activity by Fiscal Year:

FY 1997 - Not Applicable

FY 1998 - \$3 million

FY 1999 - \$3.3 million.

Expected or Reported Outcome and/or Impact: Increase consumer ease of use/understanding of Medicare information available through Medicare's toll-free help line.

Agency Contact Person, Title, Phone Number: Neal Denion, Center for Beneficiary Services, 410-786-7511.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Qualified Medicare Beneficiary Outreach to Low-Income Beneficiaries.

Background/History of the Activity: The Balanced Budget Act of 1997 and the Department of Health and Human Services (DHHS) Secretary's Race and Health Initiative.

Purpose of the Activity: The core objective of the outreach effort is to increase the number of Medicare beneficiaries taking advantage of the Qualified Medicare Beneficiary (QMB) Program.

Target Population Served: The outreach effort is targeted toward low-income Medicare beneficiaries.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable

FY 1998 - Not Applicable

FY 1999 - \$2.5 million.

Expected or Reported Outcome and/or Impact: To increase the enrollment of eligible (low income, minority) QMB participants.

Agency Contact Person, Title, Phone Number: Helen Dietrick, Center for Beneficiary Services, 410-786-7448.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Conference to promote quality health care to diverse populations (co-sponsored by HCFA, organized by the New York Academy of Medicine).

Background/History of the Activity: The Department of Health and Human Services (DHHS) Secretary's Race and Health Initiative.

Purpose of the Activity: The conference provided an opportunity for providers, communities, and policy makers to develop practical, cost-effective initiatives for delivering quality health care to culturally diverse populations.

Target Population Served: The meeting targeted specific audiences concerned with delivering quality health care services including health care managers and executives, health professionals in practice and education, consumers and representatives from diverse communities, and individuals concerned with quality improvement policy and research.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$50,000.

Expected or Reported Outcome and/or Impact: To share information on concrete strategies and tools for culturally competent health care that can lead to better services, outcomes, and patient retention.

Agency Contact Person, Title, Phone Number: Tangita Adams, Beneficiary Services Group, Center for Beneficiary Services, 410-786-4050.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Medicare+ Choice.

Background/History of the Activity: The Balanced Budget Act of 1997 established the Medicare + Choice (M+C) program in sections 1851-1859 of Title XVIII of the Social Security Act. M+C significantly expands the health care options available to Medicare beneficiaries. Under this program, eligible individuals may elect to receive Medicare benefits through enrollment in one of an array of private health plan choices beyond the original Medicare program or the plans previously available through managed care organizations under section 1876 of the Social Security Act. A final rule with comment period, Medicare Program; Establishment of the Medicare+Choice Program was published in the Federal Register (63 FR 34968) on June 26, 1998. The final rule with comment period was effective July 27, 1998.

Purpose of the Activity: To provide Medicare beneficiaries with a wider range of health plan choices to complement the original Medicare option. Alternatives available to beneficiaries under the M+C program include both traditional managed care plans (such as Health Maintenance Organizations) that have participated in Medicare on a capitated payment basis, as well as a broader range of plans comparable to those available through private insurance such as coordinated care plans, M+C savings account plans, and M+C private fee-for-service plans.

Target Population Served: Every individual entitled to Medicare Part A and enrolled under Part B, except for individuals with end-stage renal disease, may elect to receive benefits through either the existing Medicare fee-for-service program or a M+C plan.

Expected or Reported Outcome and/or Impact: Section 422.112(a)(4)(vii) of the M+C regulations, effective July 27, 1998, requires M+C organizations to ensure that services are provided in a culturally competent manner to all enrollees, including those with limited English proficiency or reading skills and diverse cultural and ethnic backgrounds. This provision reflects recommendations from the President's Consumer Bill of Rights and Responsibilities that M+C organizations make a particular effort to ensure that enrollees with limited English proficiency, limited education, or other socioeconomic disadvantages receive the health care to which they are entitled.

Agency Contact Person, Title, Phone Number: Dorothea Musgrave, Division of Integrated Delivery Systems, Center for Health Plans and Providers, 410/786-1099 or Melodie Janes, Division of Integrated Delivery Systems, Center for Health Plans and Providers, 410/786-7614.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: The Balanced Budget Act of 1997 mandated Medicare+Choice which results in changes to the Medicare program. The Health Care Financing Administration established the National Medicare Education Program (NMEP) to educate Medicare beneficiaries about these new Medicare health plan choices.

Purpose of the Activity: To provide beneficiaries with comprehensive information to decide which type of Medicare health plan is best for them.

Target Population Served: All Medicare beneficiaries, including those with limited English proficiency or reading skills and diverse cultural and ethnic backgrounds.

Dollars Involved for Each Activity by Fiscal Year: FY 1997- Not Applicable
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: To increase knowledge of the Medicare+Choice health plans.

Agency Contact Person, Title, Phone Number: Elisabeth Handley, Director, Partnership Development Group, Center for Beneficiary Services, 410/786-1563.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: The HCFA Beneficiary Partnership Council in the Atlanta Regional Office (RO).

Background/History of the Activity: The HCFA Beneficiary Partnership Council, a standing focus group of beneficiaries and beneficiary advocates, met in November 1997, to discuss the issue of race and health care.

Purpose of the Activity: To address suggestions made at the November 1997, meeting, staff from the Atlanta Regional Office undertook the following activities: (1) all members of the Atlanta RO were provided an overview of cultural competence; (2) every RO contractor who attended the 1998 Customer Service Conference took at least one cultural competence class; (3) the RO designed outreach activities for African Americans, Hispanic/Latinos, and Asians; (4) eleven HCFA-wide teleconferencing training classes on developing constructive relationships with the elderly, mentally ill, chronic physically disabled, substance abusers, developmentally disabled, persons with HIV/AIDS, disabled children, and the homeless were sponsored; (5) staff talked about cultural competence at provider association meetings; (6) the RO pursued the need to survey medical schools about cultural competence training; (7) the RO along with the Alabama Peer Review Organizations and Blue Cross and Blue Shield of Alabama developed a demonstration proposal on diabetes disease management among African American beneficiaries; and, (8) RO staff appeared in the Georgia Peer Review Organization's multi-cultural video on surviving breast cancer.

Target Population Served: Medicaid and Medicare beneficiaries.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: To reduce the effects of race and income on health care delivery.

Agency Contact Person, Title, Phone Number: Patricia Harris, Deputy Regional Administrator, Atlanta Regional Office, 404/562-7154.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: The Grassroots Rights and Protections Outreach Project for Vulnerable Populations.

Background/History of the Activity: The Presidential Advisory Commission's Bill of Rights and the Department of Health and Human Services (DHHS) Secretary's Race and Health Initiative.

Purpose of the Activity: The Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations was created to seek ways to encourage and strengthen the full participation and inclusion of special needs populations as equal partners in their own health care and treatment decisions by promoting greater awareness of their rights and responsibilities and improving access to their rights and protections.

Target Population Served: Asian, American Indian, and Eskimo populations in the States of Washington, Idaho, and Alaska, and the over 85 Medicare/Medicaid population.

Dollars Involved for Each Activity by Fiscal Year: FY 1998 - \$400,000
FY 1999 - \$1.2 million.

Expected or Reported Outcome and/or Impact: To provide rights and protections information in a culturally competent manner to all Medicare and Medicaid beneficiaries; encourage beneficiaries to use their rights and protections; and empower beneficiaries in their dealings with health care plans, providers, and HCFA.

Agency Contact Person, Title, Phone Number: Michael Katz, Health Insurance Specialist, Beneficiary Membership Administration Group, Center for Beneficiary Services 410-786-1568.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Minority Health Outreach.

Background/History of the Activity: HCFA's customer service strategy focusing on meeting the needs of HCFA's diverse Medicaid and Medicare beneficiary population.

Purpose of the Activity: To meet the needs of HCFA's diverse Medicaid and Medicare beneficiary population and to build culturally competent relationships with beneficiaries and HCFA partners and agents.

Target Population Served: Medicare and Medicaid beneficiaries, HCFA partners, and agents.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not applicable
FY 1998 - \$950,000.

Expected or Reported Outcome and/or Impact: To build culturally competent relationships with beneficiaries and HCFA partners and agents.

Agency Contact Person(s), Title, Phone Number: William McQueeney, Deputy Director, Communication Strategies and Standards Group 410/786-6870.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Customer Service Strategy.

Background/History of the Activity: Executive Order 12862, "Setting Customer Service Standards" and Presidential Memorandum "Conducting Conversations with America to Further Improve Customer Service."

Purpose of the Activity: The Customer Service Strategy Team is developing a series of customer service strategies founded on visions that support Medicare as a source of trusted and accurate information. Special attention is also paid to ensure that Medicare is responsive to the needs of diverse groups.

Target Population Served: The intended audience is all Medicare beneficiaries with a special emphasis on the Hispanic, African American, rural, hearing impaired, visually impaired, low-income, and low-education Medicare beneficiaries.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - \$250,000.

Expected or Reported Outcome and/or Impact: This effort will improve customer service satisfaction through the delivery of high quality and cost-effective customer service.

Agency Contact Person, Title, Phone Number: Belen Rodriguez, Health Insurance Specialist, Beneficiary Services Group, Center for Beneficiary Services, 410-786-9168 or Julie Radoslovich, Health Insurance Specialist, Beneficiary Services Group, Center for Beneficiary Services, 410/786-9520.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Alternative Communication.

Background/History of the Activity: HCFA's Center for Beneficiary Services provides equal and timely access to consumer information for all Medicare beneficiaries. Consumer information encompasses topics such as health, benefit coverage, and beneficiary protections. This includes major publications such as the Medicare Handbook ("Medicare and You"), insurance guides ("Guide to Health Insurance for People with Medicare"), and other selected smaller publications.

Purpose of the Activity: Alternative communication is information provided in a format and/or language that beneficiaries with special needs can most effectively use, and often prefer. Alternative forms of communication, such as publication in Braille as well as English and Spanish audio cassettes, provide special needs beneficiaries with usable, understandable information they need to make important health care decisions.

Target Population Served: Populations with special communication needs such as the hearing impaired, visually impaired, and persons whose primary language is other than English.

Dollars Involved for Each Activity by Fiscal Year:

FY 1997 -	Not Applicable	
FY 1998 -	Braille	\$ 4,400
	Audio cassettes in English and Spanish	\$ 25,000
	Spanish print materials	\$260,000.

Expected or Reported Outcome and/or Impact: Increase consumer ease of use/understanding of Medicare information.

Agency Contact Person, Title, Phone Number: Jan Drass, Center for Beneficiary Services, 410-786-1354.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: Increase the number of employees of Hispanic descent.

Background/History of the Activity: Executive Order 12900 addresses a broad range of issues relating to employment with DHHS; customer service; support for Hispanic-service educational institutions; and health, including data and research, with specific recommendations to enhance the Department's efforts to better serve the needs of the Hispanic community.

Purpose of the Activity: To ensure recruitment of Hispanics at all levels in the Agency and create a direct link from the D.C. Council of HEPM and the National IMAGE Association's web sites to HCFA's web site to ensure that the organizations are informed of HCFA's recruitment notices.

Target Population Served: Individuals of Hispanic descent and/or organizations serving individuals of Hispanic descent.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998- Not Applicable.

Expected or Reported Outcome and/or Impact: To increase the number of Hispanic employees.

Agency Contact Person, Title, Phone Number: Ramon Suris Fernandez, Director, Office of Equal Opportunity and Civil Rights, 410/786-5110.

Agency Name: Health Care Financing Administration

Title of the Program or Program Activity: 1998-1999 Minority Management Development Program (MMDP).

Background/History of the Activity: HCFA's Center for Health Plans and Providers (CHPP) is leading the Agency's continued participation in the American Healthcare Association's 1998-1999 Minority Management Development Program by hosting a 6 week training rotation for 10 Fellows. Training will be provided at HCFA Headquarters and the Dallas Regional Office. The Minority Management Development Program is an innovative management training program designed to meet the ever-growing need for minority managers and administrators in health plans.

Purpose of the Activity: The program's ultimate goal is to increase the number of minority managers in managed care organizations. The MMDP provides a forum for practical experience and instruction in the underpinnings of managed care industry. HCFA's participation allows the fellows the unique opportunity to learn about health policy at the federal level.

Target Population Served: Minorities in managed care organizations.

Dollars Involved for Each Activity by Fiscal Year: FY 1997 - Not Applicable
FY 1998 - Not Applicable.

Expected or Reported Outcome and/or Impact: To provide a forum for practical experience and instruction in the underpinnings of managed care industry.

Agency Contact Person, Title, Phone Number: David Clark, Acting Director, Office of Professional Relations, Center for Health Plans and Providers, 410/786-6843.

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